THE CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

Vol. X. TORONTO, DECEMBER, 1914. No. 12

Eleventh Annual Meeting of the Graduate Nurses' Association of Ontario

Clinic Room, Toronto General Hospital

September 17th, 1914, 10 o'clock, a.m.

The President, Mrs. Tilley, in the Chair.

The Nurses' Prayer was offered, followed by the Lord's Prayer in concert.

Mrs. W. E. Struthers gave the Address of Welcome.

Madam President and Ladies:

It gives me very great pleasure to extend to you a welcome to Toronto and to this annual meeting. I hope that our annual conference will be a pleasant and profitable one, and that when the delegates leave our fair city they will carry with them that cheerful satisfaction of duty performed in the sunshine and warmth of renewed friendships, and that we all shall feel it was good to be here.

In such gatherings as these we are cheered and heartened by the smiles of old friends, and the touch of our lives is broadened by meeting the new workers, shall I say the young enthusiasts with their fresh ardor, new ideals and great visions? For, I believe we should not neglect the social side of our meetings where we have opportunities for forming congenial friendships that inspire us to greater things and support us in the trials that each one is bound to encounter in life. The memory of these pleasant gatherings will live long after we have returned to our homes and arduous duties.

During the past year you have been faithfully attending meetings, making plans and carrying out ideas for the general good of the nursing profession. In the discharge of your duties new thoughts have come to you, new difficulties have been encountered, and things have presented themselves to you in a new light. We hope that we shall be able to draw from you these new thoughts, these new awakenings, and new conceptions of old ideas. We come together at this time to

plan for greater things, to reach higher ideals, to point the way to high standards of duty.

We have for our consideration the provincial registration of nurses, which should appeal strongly to every member of this Association, and to every member of the nursing profession. This is a big question, and it needs a keen insight, sincere motives and a broad mind to discuss it from all points of view, so that the best results may follow our efforts. We should formulate the fundamental principles to be incorporated in the Act governing registration, and this Association should petition the Provincial Cabinet to have the Act so amended that it will express the opinions of this body. Governments are not easily moved by a simple petition, nor even by logical arguments in support of that petition, but they have a wholesome regard for an active influence that can make itself felt in every section of the Province. Therefore, you must educate your member of the Provincial Legislature by impressing upon him the great importance of the work and aims of our profession, its relation to the general public and its benefit to the sick and needy. These men know not the why nor the wherefore and it is our duty to inform them. We have also the question of home nursing to consider, to plan a workable scheme whereby even the poorest may obtain trained nursing. All should have the opportunity of obtaining that trained service which relieves suffering and gives the best chance for life. We are all ready to do our share for the relief of suffering humanity; the difficulty has been to find a ready solution of how to do it. At no time in the world's history has so much been done for bettering social conditions, and we, as trained nurses, have a large and important share in that humanitarian work. We must all help in the general uplift.

We are meeting at a time of great upheaval in the world. A disastrous war is devastating Europe. Many demands are made on our energies, our time and our finances. We have all endeavored to help in this great crisis. Our fathers and mothers have gone forth to fight our Empire's battles, to defend our hearths, our liberty and our lives. Our Canadian nurses have not been backward in volunteering for war service. It will be given, perhaps, to but a few to share in this work; it may be that many will conclude that they are thus shut out from the greatest service—caring for the sick and wounded defenders of our country. But this is not so. There is nothing greater nor grander than faithfully performing the humbler duties at our doors. It is altogether too probable that during the coming winter sickness and distress will be found on every side of us. We shall find plenty to do. Under the excitement of war conditions the high call of our national duty makes a strong appeal to our pride and spirit, so that such service is considered a privilege rather than a sacrifice. It may be that it takes a higher sense of duty to perform the humbler tasks at home.

We should feel the need of having some way of expressing our goodwill and fellowship, our difficulties and our experiences, when we are separated from each other, and cannot look into animated faces. Let us make our official organ, The Canadian Nurse, speak for us and carry our message far and wide. In passing I would like to pay my tribute of praise to Miss Crosby, the Editor, who has been working under many difficulties and discouragements. We have failed in our duty towards the magazine in not more frequently voicing our opinions in it. This can be done by writing papers, short articles, taking our part in the discussion of new problems or new ideas, telling of our efforts to escape from the beaten path, where our former knowledge failed to give the best results. How many of us have failed to seize the opportunity of presenting to twelve hundred readers our high purposes, our aspirations, our successes, or our difficulties?

When we have finished our business and pleasure here and turned our faces homeward, we shall begin to look forward to the meeting of the National Association in Vancouver next spring. I hope many will be able to go, to present the new ideas that have come to us and to gather the best presented by others. It is the interchange of ideas that produces growth.

The third Congress of the International Association of Trained Nurses was held in Cologne, Germany, in August, f912. The beautiful old town, with its picturesque river and beautiful buildings, more particularly the old cathedral, was a setting worthy of that notable meeting. That historic gathering will live long in the memories of those present. A few miles away lies Kaiserwerth, the Mecca of the trained nurse, for here Florence Nightingale first entered the profession, and many made the pilgrimage to the old professional home of this devoted Lady of the Lamp.

To-day the whole scene is changed in this old city, and nothing but sorrow reigns where everything was so gay and joyous. War now rages where Florence Nightingale learned the first principles of nursing.

America has been assigned the honor of the fourth congress, which will be held in San Francisco in May, 1915. Those in charge of that congress are making great preparations for the meeting. While it may not be possible for many of our overseas friends to attend the congress, nevertheless it is hoped that many of the great women of our profession will be there to give us of their power, their energy and their enthusiasm. The benefit derived by the broadening effect of contact and converse with the leaders of other countries in our profession, as such a congress is bound to produce, will compensate for the sacrifices we may make to enable us to attend. The attendance from Canada should be a representation worthy of our country, and an honorable tribute

to the first congress held in America. Let me express the hope that you will enjoy the present meeting and make history for the nursing profession.

558 Bathurst street, Toronto. LINA L. STRUTHERS, R.N.

The Secretary's report was then presented.

Madam President and Ladies:

The Executive are glad to welcome the members of the Graduate Nurses' Association of Ontario to this Eleventh Annual Meeting.

During the past year your Executive Committee has held nine regular meetings, with an average attendance of ten members.

Since the Executive undertook the scheme of advertising in papers regarding Short Course School of Nursing many letters have been received from young women, asking for information. These were answered and pamphlets sent to about fifty.

In March a mass meeting was called to discuss the formation of a Toronto Chapter of the Graduate Nurses' Association of Ontario, and to consider the problem of Home Nursing. The result was the formation of the Toronto Chapter.

In October, 1913, our President, Miss Crosby, had to resign through illness. Mrs. Tilley, 1st Vice-President, was acting President for balance of the year.

Several of our best workers, who have been with the Executive since organization, have resigned for various causes which we very much regret.

We are sorry to report the death of one member, Miss Norris, who passed away in May, after a long illness.

The proposed program of the Conference of Charities and Corrections, which was to be held the second week in September, contained so many prominent speakers from abroad that the Executive thought it would be best to postpone the Annual Meeting of the Graduate Nurses' Association of Ontario from May till September, in order to give the members an opportunity to hear them. Unfortunately, at the last moment, that Conference was withdrawn on account of the European war, which prevented the oversea speakers from taking part in the program.

The Program Committee also had great difficulty in obtaining speakers from a distance, and had finally to fall back on the kindness of speakers present in Toronto.

While the Executive feel some progress has been made, still not such as we would desire, we would still urge every member to take a keen interest in the Association and feel the necessity of increasing the membership, as there is much work yet to be done.

We have now a paid-up membership of 299. New members received during year, 66.

Respectfully submitted,
JESSIE COOPER,
Recording Secretary pro tem.

Moved by the Secretary, seconded by Miss Ewing, that the Secretary's report be adopted.—(Carried.)

Moved by Miss Crosby, seconded by Mrs. Struthers, that the minutes of last Annual Meeting be accepted as read.—(Carried.)

The Treasurer's report then followed.

TREASURER'S REPORT FOR YEAR ENDING MAY 24th, 1914

Receipts

Balance on hand at beginning of year		$561 00
Fees	$274 00	
Donation H.S.C. Alumnae	10 00	
Donation T.G.H. Alumnae	10 00	
Refunds	5 80	
Proceeds, Calendars sold	3 88	
Proceeds, Florence Nightingale Post Cards	1 55	
Bank interest to Dec. 31st, 1913	6 55	
(Total receipts for year)		311 78
		$872 78

Disbursements

50 p.c. of fees paid Treasurer, Hamilton Chapter	$ 16 65	
50 p.c. of fees paid Treasurer, Peterboro Chapter	15 65	
50 p.c. of fees paid Treasurer, London Chapter	8 65	
Delegates' expenses Berlin Convention	22 10	
Miss Crosby's expenses, Atlantic City	54 40	
Miss Crandall's expenses, visit to Toronto	43 65	
Mrs. Tilley's traveling expenses	16 15	
Expenses of Annual Meeting:		
Catering	$75 00	
Stenog. Reporting	21 70	
Lantern	8 50	
Chairs	7 80	
Street cars, Forest School	13 00	
Use of rooms, etc.	7 16	
		133 16
Extra cost publishing report of Convention in The Canadian Nurse, July issue		40 00
Annual dues Local Council of Women, years 1912-13		4 00
Annual fee, Provincial Secretary, 1912-13		2 00
Advertising, The Canadian Nurse		25 00

Advertising, various newspapers, re Hospitals	118 66	
Advertising, re Mass Meeting	14 71	
Printing, Stationery, Postage	35 12	
Auditor	5 00	
Annual contribution support Mrs. McEvoy	30 00	
(Total disbursements for year)		584 90
Balance in bank at close of year		287 88
		$872 78

JULIA STEWART,
Treasurer.

I have examined Receipt Book stubs, Bank Book, Vouchers, and Cash Book for year ending May 24th, 1914, and certify that above statement agrees therewith.

T. W. ELLIS,
Auditor.

Toronto, May 26th, 1914.

Moved by Miss Stewart, seconded by Miss Crosby, that the Treasurer's report be adopted.—(Carried.)

Miss Dyke read report of Committee on Revision of Constitution and By-Laws.

REPORT OF COMMITTEE ON REVISION OF CONSTITUTION AND BY-LAWS OF THE GRADUATE NURSES' ASSOCIATION OF ONTARIO, 1913-14.

President and Members of the Graduate Nurses' Association of Ontario:

Your Executive appointed me Convener of the Committee on Revision of the Constitution and By-laws, and, according to custom, allowed me to name the committee of five. I have not called the committee, and owe you an explanation.

The increasing number of Chapters of the Provincial Association has created a need for revision of the Constitution and, knowing that Toronto intended to form a Chapter, I reported to the Executive the advisability of allowing the new Chapter to bring in recommendations upon which the committee might act. The Chapter was organized, and a committee appointed to draft recommendations to be sent to the Provincial Association. The committee, along with the Executive of their Chapter, proposed changes of such importance that the matter was referred to the various Toronto Alumnae for discussion. Representatives of these Alumnae met with the Executive and committee of the Chapter and called a further meeting composed of the Executives of the Alumnae along with the Executive of the Chapter. The final meeting was not held until after my term of office expired, on May 24, 1914.

The fact that the public meeting of the nurses was postponed from

May, 1914, to September, 1914, in order to meet with the Canadian Conference of Charities and Correction, means that the letter, rather than the spirit of the law has been broken. The new Convener and her committee have drafted and forwarded to the Association the proposed amendments to be considered to-day. E. H. DYKE.

Moved by Miss Dyke, seconded by Miss Mitchell, that this report be adopted.—(Carried.)

Report of Legislation Committee was then presented, and Miss Stewart moved its adoption.

The President: That seems to be very slow work. Statements have been recently published in the local papers in Kingston and Brockville stating that nurses must apply for registration by September 1st, and after that date, in order to register, they will have to pass an examination. The G.N.A. is not responsible for the statement, neither do we know the source from which it came. We have been advised by our lawyer to send a notice to these papers, explaining our stand in the matter. It has not been done yet. We only received the advice yesterday afternoon. We have had a great many letters from Kingston and Brockville about the matter.

Reports on Chapters.

Miss Dixon (Peterborough) presented the report of her chapter. Applause.

The President: You have monthly meetings—how does that work in with your monthly alumnae meeting?

Miss Dixon: It interferes somewhat, but we keep up our monthly meetings. There are a great many nurses in Peterborough who are hospital nurses, but the majority are not.

The President: You have your alumnae meetings, too?

Miss Dixon: Every second month.

Miss Dyke: The Executive called a meeting of the Toronto Nurses on March 31st, to consider the formation of a Toronto Chapter, and the formation of a Home Nursing Society. The large attendance was due to the fact that each Alumnae Association did its best to get all the members who could possibly do so to attend. The Residence at the Hospital for Sick Children was crowded, and we Toronto Nurses were very proud of the interest taken.

At that meeting two committees were formed, one on organization, which consisted of the President of each Alumnae Association and the President of the Florence Nightingale Association. It was left to the committee to arrange the meetings.

The second committee, which was representative of the different training schools for nurses in Toronto, was formed to investigate the question of home nursing in Toronto, and to report to the Toronto

Nurses. The organization committee met four times, submitted their recommendations to the nurses and they have appointed four officers. They, however, did nothing else, because they faced the problem of the Provincial Constitution. The Alumnae held various meetings and have sent requests to the Provincial Executive that certain changes should be made in the Constitution.

The Committee on Home Nursing have also secured information. In the meantime a Board of Home Nursing has been established, with nurses on the committee, to establish Home Nursing in Toronto. The Toronto Chapter, therefore, at the request of that Board, sent in some recommendations. The future will determine what action will be taken.

Another interest which the new Chapter has taken up has been Indian Homes and Nurses. A meeting of Toronto Nurses was called to decide what the nurses of Toronto would do for the Hospital Ship. The nurses of Toronto, as a whole, responded to that.

One recommendation of the organization committee was that the Toronto Chapter should meet every two months, and a request was made to the different Alumnae Associations to meet on the alternate month. At present the Chapter will meet in November, January, March and May.

The President: We shall expect great things of the Toronto Chapter. It seems to me a better idea to have the meetings alternate with the Alumnae meeting.

Miss Crosby was our delegate to the Annual Meeting of The Canadian National Association of Trained Nurses, in July last. I am sure you will all be interested in hearing all she has to tell you.

Miss Crosby: Madame President, the meeting of the Canadian National Association, in Halifax, was very interesting and instructive, and one of the most representative conventions that the Canadian National Association has ever held. We had representatives there from every province of the Dominion except Alberta, and you may be sure that the Halifax Nurses were very proud of that fact. We had three delegates all the way from Vancouver, one from Regina, two from Winnipeg, several from Quebec and from Ontario.

The meetings in the historic city were certainly very interesting. It was a privilege to have the opportunity of attending them, and I can assure you that your delegate appreciated the honor of being your representative at the Fourth Annual Meeting of the Canadian National Association of Trained Nurses.

It is not my intention, nor do I think it is any part of my duty, to report the papers. Perhaps you may think it is, but these papers are to be reported fully in the October issue of The Canadian Nurse. My duty is to give you as careful a report as I can of the business that was

presented, so that this Association may keep in touch with the business of the National Association, and be able to bear its full share of responsibility.

On the morning of July 10th we convened at the Technical College in Halifax at 10 o'clock. The Invocation was given by Rev. Dean Lloyd. The prayer in the new English Church Prayer Book for Hospitals was used for the first time at this meeting. An address of welcome was given by Mayor Bligh, who gave us the privileges of the city. Our friends in Halifax treated us most royally.

The response to the address of welcome was given by Miss Wright, in a few happy, well chosen words.

I will pass over the address of the President, which you can read for yourself in The Canadian Nurse. The report of the Executive Committee dealt largely with the business that had been conducted by the Executive since our last Annual Meeting, in Berlin, in May, 1913. They had several meetings and sought to carry along the business of the Association, but nothing definite had been done.

The report of the Treasurer did not show the Association to be in a very strong position financially. Of course, that is not the fault of our Association, for we had paid our dues.

The most important things came under the head of New Business. The officers were elected by ballot, and Miss S. P. Wright, of New Westminster, is the President. In her address, when introduced as President-elect of the Association, she appealed to all the Nurses in Canada to support her loyally and faithfully in her office. She realized that her work would be arduous, and unless she had the support of all the Nurses it would not be a success. She wanted every Nurse in Canada to feel that she must bear her part of the responsibility and do her share of the work, if the Canadian National Association was going to be the force it should be in the nursing affairs of our country.

The Canadian National made a proposal to take over entire control of The Canadian Nurse. Some time before the Annual Meeting the Executive sent to The Canadian Nurse a request, asking the directors if they would consider a proposition to enable the National Association to take over the magazine. The directors replied that they were willing to do so. The Canadian Nurse had always kept before it the idea that it was a national magazine, and that the National Association should control the magazine when it was equal to assuming the responsibility. The matter was not settled. The questions submitted by the National Association had been answered by the directors of The Canadian Nurse, full information had been given them, but, of course, they had not the money in hand, and the transfer could not be made until they were in a position to assume the financial responsibility. Plans were suggested. One was that the different Associations form-

ing the membership of the National should be asked to contribute $100 towards a fund for purchasing the magazine, but the matter was finally left with the new Executive, and it is the duty of that Executive to formulate plans that will enable the National Association to finally take over The Canadian Nurse, and a further report is to be given at the next Annual Meeting, which is to be held in Vancouver in 1915.

Another matter was the question of taking charge of a department in The Woman's Century. That is a magazine controlled by the women of Canada, and the Editor some time before had given the Nurses the opportunity of having a share with the other women in this magazine. The Canadian Nurse had attended to that duty until the matter could be presented to the National Association. The National Association felt it should unite with the other women in this work, and take charge of a department in that magazine. The Executive was left to appoint a nurse to take charge of the work of supplying material for our department in The Woman's Century.

Another matter for discussion was our part in the program of the International Congress of Nurses, to be held in San Francisco in 1915. Each country is expected to contribute five papers of ten minutes' reading length. The Executive was instructed to deal with this matter, secure the necessary papers, and have them ready for the National Convention in May.

Another important matter that came up was the contribution of the Canadian Nurses to the Florence Nifightingale Fund. This contribution is to be presented to the Honorary President of the International Congress, Mrs. Bedford Fenwick, at San Francisco, in 1915. The National Association is anxious that Canada's part should be no mean one. Our Provincial Association will be asked to deal with this matter in Ontario. Each province will have charge of the contribution from that province, and we should make it one worthy of the cause. As you already know, it was decided at the Congress in Cologne in 1912 that an International Memorial to Florence Nightingale should be established, that memorial to take the form of a chair of nursing in an English University—English, because that is the country of Florence Nightingale. All the Nurses of Canada are anxious that the contribution given by Canada to that Fund should be one worthy of the Nurses of this Dominion, but unless each Nurse feels it a personal responsibility the fund will not be all it should be. One Alumnae was following this plan: Each member is giving a cent a day towards the fund for a year. That makes $3.65 from each member of that Alumnae to that fund. That seems a very good way of raising a large sum of money.

In the afternoon we had a very helpful session on Public Health.

We had five papers from Nurses who were engaged in the different departments of Public Health Service. The time given to each was five minutes. I think all the delegates were sorry they could not hear all Miss Pope's paper on Army Nursing. It was too long to be read in the allotted time, and none of us were quick enough to ask the President for permission to extend the time.

The Public Health Nurses' Committee was represented by Miss Dyke, who had been appointed convener. This committee brought in a number of recommendations, the most important of which was that a Standing Committee on Public Health be formed by the National Association.

In the evening the session was devoted to a consideration of the work of the private nurse, the qualifications of the private nurse, Nurses' Clubs, Nurses' Registries, the menace of the Short Term Correspondence School. A paper on the Value of the Practical Nurse, by Miss Davis, Mutual Benefit Association, Brattleboro, Vermont, was particularly interesting to us. We had been considering ways and means of establishing Home Nursing in Toronto. In Brattleboro they have a very successful Home Nursing Association. Miss Davis has on her list a number of practical nurses, whom she supervises. She has a staff which supervises the work of these women, and from what she told us I should judge that her Association is most successful. She takes on her list of practical nurses only women who have had no training. She does not take partially trained nurses at all, for she feels that those who have partial training have, for some very good reason, been rejected from a hospital, and will not be any acquisition to her list. Miss Davis' paper was very full and very interesting, and she answered a number of questions afterwards, which were very helpful.

In the session devoted to Registration—the last of the Conference —reports on the progress or otherwise of Registration in all the different provinces were given. Nova Scotia has a very interesting Bill. While they have not got the provision to legalize the use of the "R.N.." they have a good scheme, by which they register Nurses who are graduates, and Practical Nurses who may be partially trained or untrained, but who have proved their usefulness in many cases. All Nurses, practically, in Halifax are registered either in one list or the other. They have no one nursing there who is not connected with the Registry kept by the Graduate Nurses' Association of Nova Scotia. That, to me, seemed rather interesting, because it is the only Association of Graduate Nurses, so far as I know, that controls the whole field of nursing within its boundaries.

In New Brunswick they have not done very much. They have

only very recently got their Provincial Association organized, but they are thinking and studying and planning to do better things later.

Prince Edward Island has taken no steps toward registration.

As far as Ontario is concerned, you all know what has been done there.

Quebec: Miss Des Brisay reported that they are not provincially organized, and while the Nurses of Montreal have done something to try to further registration, have studied the question and have had lectures upon it, still no definite steps have been taken to secure registration, or even to draft a Bill, as yet.

In Saskatchewan, that new province, they have their Bill drafted and all ready to present at the next session of the Legislature. The very energetic Secretary of the Provincial Association, Miss Jean Browne, who was the delegate to the Convention, gave us a very interesting report of the way they were managing, and I feel sure that before very long you will hear they have a good Registration Bill there.

Miss Cotter gave an account of registration in Manitoba. That, as you know, is the only province that really has registration, and while they have not got a Bill of which they are very proud, because it was so mutilated in passing through the hands of the legislators that their standard was considerably lowered, yet they have a Bill and have recognition by the Manitoba University. Their examinations are conducted by the University, and University recognition means a very great deal. The standard may be gradually raised as they get the powers-that-be educated to the fact that a higher standard is a necessity, both for the Nurses themselves and for the sick.

Miss Wright gave an account of what had been accomplished in British Columbia. She has been the President of the Graduate Nurses' Association in British Columbia for some time. They have had a Bill drafted, have had it considered in a Committee of the House, but it has never been presented to the House. Probably some of you noticed in The Canadian Nurse a statement that the Bill had been presented. That was an error. It was considered in Committee, but the Committee advised the Nurses not to present their Bill, as the time was inopportune. They hope to present it soon and be successful.

Their Bill is a little different from the Bills that have been considered in the other provinces, in that it provides for the control of the untrained Nurses. The Nurses there feel that the whole situation must be controlled, and have, therefore, made provision for the proper control of the untrained Nurses.

In Alberta they have a Provincial Association and are considering the matter of registration. Miss McPhedran, in her paper, said that the floating population in Alberta made it very difficult to accomplish very much in the way of permanent work.

The status of Nurses in Great Britain. That paper was prepared by your President, Mrs. Tilley, and gave a very interesting survey of the status of Nurses in Great Britain. As you all probably know from the British Journal of Nursing, Nurses in Great Britain have not had a very enviable position for a long time, owing, for one thing, to the abuse of the uniform by unscrupulous people, and to their own hard struggle to get registration. I think, perhaps, that things did look more bright latterly, but now that they have been disarranged by the war their progress will probably be delayed for a time.

Our next place of meeting will be in Vancouver. The time will be just before the meeting of the International Congress, so that Nurses who go to our own National may go on to San Francisco to the International. Plans will be made for a special train to convey our own Nurses across the continent to Vancouver, and special arrangements will be made to take them down to San Francisco. I hope you will all be ready to take that trip next year.

Now, I trust you will not feel that you know all about what went on at the Canadian National Association Convention. I want you to read the report carefully. There were some splendid papers given, prepared with the greatest care, and containing an immense amount of information. No one can give an adequate idea of the papers in a few minutes, and rather than mutilate the good papers it is better to leave you to read them at your leisure.

In speaking about the very cordial way in which the Nurses were received in Halifax, I would say that we were all met at the train, hotel accommodation had been reserved for us, and we were looked after most carefully in every way.

The first day of the Convention a Garden Party was arranged. It was a most delightful day, and we met on grounds that overlooked the North-west Arm. Everything certainly was most delightful. In the evening of that same day we had a concert, arranged in the Public Gardens in our honor. The City Band and the band of the Royal Canadian Regiment furnished the music. The band of the Royal Canadians was selected to play at the Coronation of King George.

On the afternoon of the second day we were the guests of the Victorian Order of Nurses at tea. We were invited to visit the Nova Scotia Hospital and were the guests of Dr. and Mrs. Lalor at tea. Another delightful sail took us to the home of Mrs. McCready, where we were entertained at a most delightful Garden Party. The Nurses of Halifax were lavish in their entertainment, and left nothing undone to make us feel perfectly at home, and they hoped we would not be long in returning. (Applause.)

The President: I am sure we have all enjoyed that interesting report.

Miss Jamieson presented report of The Canadian Nurse, and moved its adoption, seconded by a member.—(Carried.)

As your representative to The Canadian Nurse, I beg to submit the following report:

I have attended all the meetings of the Board of Directors.

The Annual Meeting was held at The Nurses' Club, in November, 1913, at which the Business Manager's report showed a subscription list amounting to $1,231.00; Advertisements, $2,141.00; making a total of $3,372.00. He also stated in that report that on account of increased expenses in publishing, it would be necessary to make our magazine smaller by eight pages, beginning January, 1914.

In January Miss Crosby reported receiving a communication from Mrs. MacIvor, Editor of "The Woman's Century," requesting that we take charge of a column in that Magazine. This request was complied with by our Editor until the Canadian National Association of Trained Nurses could assume the responsibility.

Miss Crosby reported that Mrs. MacIvor had written to the Editor of "Good Housekeeping," calling attention to the injustice of advertising the Correspondence Schools of Nursing, as they were doing. Mrs. MacIvor also published in "The Woman's Century" arguments gathered from different sources by the Editor of The Canadian Nurse, showing why such advertising was misleading.

In April, 1914, a letter was received from Miss A. J. Scott, Convener of a Committee appointed by the Canadian National, asking if The Canadian Nurse Editorial Board would consider a proposition relative to the purchasing of "The Canadian Nurse" by the National Association. On the Board replying in the affirmative, a second communication was received, with a list of questions, asking for necessary information that would enable them to proceed to carry out their proposal. The Board gave the fullest information, so that the National would be in a position to fully discuss the matter at its Annual Meeting.

The Board notes that when the Editor had planned the Registration Number for July, the responses from the different provinces were so prompt (?) the number had to be postponed until September.

The Board would urge greater loyalty to the Magazine, and this can be best shown by a little more enthusiasm and a prompt response to your Editor's requests; yes, and the addition of your name to the subscription list.

Respectfully submitted,

E. J. JAMIESON.

The names of officers, elected last May, were then written on blackboard.

President, Mrs. W. S. Tilley, 157 William street, Brantford; First Vice-President, Miss Helen N. W. Smith, 559 Concession street, Moun-

tain, Hamilton; Second Vice-President, Miss Morton, Superintendent Collingwood General Hospital; Recording Secretary, Miss I. F. Pringle, 310 Brunswick avenue, Toronto; Corresponding Secretary, Miss Jessie Cooper, 30 Brunswick avenue, Toronto; Treasurer, Miss Julia F. Stewart, 12 Selby street, Toronto. Directors: Miss Mathieson, Superintendent Riverdale Hospital, Toronto; Mrs. W. E. Struthers, 558 Bathurst street, Toronto; Miss M. Ewing, 295 Sherbourne street, Toronto; Miss Jean C. Wardell, R.N., 290½ Dundas street, Toronto; Miss Jessie M. Robson, 45 Dundonald street, Toronto; Mrs. Clutterbuck, 148 Grace street, Toronto; Miss J. G. McNeill, 52 Alexander street, Toronto; Miss C. E. De Vellin, Alexandra Apartments, University avenue, Toronto; Miss O'Connor, St. Michael's Hospital, Toronto; Miss E. J. Jamieson, 23 Woodlawn avenue east, Toronto; Miss E. M. Norris, 82 Isabella street, Toronto; Miss Kinder, Hospital for Sick Children, Toronto; Mrs. George Nichol, Cataraqui; Miss Allen, 3 Classic avenue, Toronto; Miss Agnes Boyd, 59 Avenue road, Toronto; Miss G. L. Rowan, Superintendent of Nurses, Grace Hospital, Toronto.

Miss Crosby: Shall we discuss how we shall raise our share of the Florence Nightingale Memorial Fund?

The President: That is an important matter, but would it not be better to wait for the larger meeting this afternoon?

Moved by Miss Crosby, seconded by Miss Argue, that a committee be formed to consider steps to be taken to raise funds for the Florence Nightingale Memorial Fund, and that a report be submitted at the afternoon session.—(Carried.)

It was decided that Miss Crosby should be Convener of the committee.

Meeting adjourned at 12.15 p.m.

2.30 p.m.: Afternoon Session.

Paper was given by Miss E. McP. Dickson, Superintendent of Training School, Toronto Free Hospital for Consumptives, on The Care of Tuberculous Children.

"THE CARE OF TUBERCULOUS CHILDREN."

By E. McPherson Dickson, Superintendent of Nurses, Toronto Free Hospital for Consumptives.

To one unfamiliar with the disease, the label "Tuberculous child" at once suggests a pitiable object, one of racking cough, hectic flush, general depression, and altogether a hopeless, helpless kind of thing. Truly these little ones are to be pitied, starting out in life so handicapped, for even though they may be apparently cured, they are like pieces of well-mended china, "never as good as new," but much can be done to restore them to happy health and useful citizenship.

As a matter of convenience in considering these cases, it might be well to give you at the outset a rough classification as follows:

CLASS I.— INCIPIENT

1. Slight or no constitutional symptoms (including particularly gastric or intestinal disturbance or rapid loss of weight).
2. Slight or no elevation of temperature at any time during the twenty-four hours.
3. Slight or no acceleration of pulse at any time during the twenty-four hours.
4. Expectoration usually small in amount or absent.
5. Tubercle bacilli may be present or absent.
6. No tuberculous complications.

CLASS II.— MODERATELY ADVANCED

1. No marked impairment of function, either local or constitutional.
2. No serious tuberculous complications.

CLASS III.— FAR ADVANCED

1. Marked impairment of function, local and constitutional.
2. Serious tuberculous complications.

Perhaps no one can do so much for the tuberculous child in Class I. as the intelligent nurse on private duty. She lives in the house for some weeks, has an opportunity of seeing the little one at all hours of the day, and being more or less disinterested, would observe signs of abnormal health much more quickly than would other members of the family.

We are not unmindful of the fact that we, as nurses, must not diagnose, but we may do better than that—make the family think a bit, for even if we did diagnose correctly a case of incipient tuberculosis in a child, the average family would not believe us. They don't want to, and would think that after all we did not know very much about nursing in general, and children in particular.

If the child is easily tired, has steadily lost weight, is disinclined to play, has a variable appetite, flushes easily, perspires freely on very slight exertion or when asleep, be on your guard. Ask the mother if she has noticed these signs, if she thinks Johnny is really lazy, or if she does not think there is something the matter with him, if it would not be safe to have him see a physician. It may not be tuberculosis, but if the trouble is not diagnosed definitely as something else, we may, by this process of exclusion, be very safe in saying that it is tuberculosis. Don't lose time. Treat it as though it were tuberculosis until you are

satisfied that it is not, for the treatment is one of fresh air, sunshine and suitable diet which will be good in any case.

When physical signs spell tuberculosis, it is too late to do much that will be permanent. Someone has blundered.

We find tuberculosis attacking every part of the body excepting the stomach and heart; reproductive organs rarely, though in children the most common forms are, in order mentioned, glands, bone, joints, lungs and intestines. The germ has gained its entrance either by inhalation, injection or inoculation, and the source of contamination is from infected sputum or faeces, though young children may be contaminated by bovine tuberculosis through infected milk.

Statisticians tell us that 93 per cent. of all post mortem examinations show the presence of tuberculosis, and it is believed that infection takes place in early childhood.

It may be of interest to you to know that our records show that the majority of cases developing symptoms among children are girls, while on the other hand, with the adults, the majority are men. This is accounted for by the fact that girls are housed up more than are boys, and while the boy may have escaped, as far as physical signs, it is only until such time as the constitution has been weakened by hardships, worry or intemperance in any form.

The tubercle bacillus is a vegetable organism, and will not grow ordinarily outside the human body, and indeed, will only live for a few hours when exposed to sun or even to diffused light, and like all vegetable organisms, will only thrive where it finds a suitable soil. When we remember that the reproductive organs are rarely affected, heredity need hardly be considered, except inasmuch as it may provide suitable soil for the growth of the bacillus. If the child has developed symptoms under favorable conditions, the prognosis is poor, indicating a low power of resistance, and not much of a permanent character can be done.

However, the intelligent administration of tuberculin to stimulate the manufacture of antibodies has been found to be of great value. There is then left the alleviation of troublesome symptoms, and the education of the child that he may not be a source of danger to others.

Perhaps no branch of the work is more interesting than the education of little children along these lines. They believe what is told them, and they are blessed with more tender consciences than are their elders. This is very noticeable among a group of tuberculous children. For example:

On a rainy day, when our little ones are turned into the playroom, dolls' beds are immediately placed in two rows, and temperatures promptly taken. I have even seen two incisors sacrificed so that a long glass bead might be introduced into the doll's mouth and the tempera-

ture really taken. The children at once decide that the doll must remain in bed, or that the pain from which the doll is suffering is pleuritic, and it is not an unusual thing for one of the nursing staff to be called to settle a dispute as to what the treatment should be.

Again, if you should take one of our small boys into a street car, he would be very quick to observe the man who disregards that little sign, "No Spitting," and in all probability would cause you much mortification by his very audible exclamation of disapproval and disgust.

The child must be taught that nothing should be put into his mouth which is not to be eaten, excepting his tooth-brush, thermometer, fork and spoon; that the handkerchief should always be placed over the mouth and nose when coughing or sneezing, and then kept in a rubber pouch which may be sterilized (or some other good device for the purpose). Teach him that his thermometer must decide what he may or may not do in the matter of exercise; that his food is his medicine, and to take it wisely and regularly is his only chance of being well again.

Adequate rest is only secured for children through the employment of some occupation or recreation that will use up the minimum amount of energy. Girls are much more easily controlled in this respect than are boys. Much is said nowadays about the University Education of Nurses, but I think it would be almost better for us to go back to the kindergarten and diet kitchen if we are to engage in the nursing of sick children.

Then we have the child whose home conditions have been poor, either lacking intelligent supervision in luxury or care in poverty, and from these cases the nurse sees most gratifying results for the part she takes in the child's battle for existence.

Having educated the child and secured the required amount of rest as before mentioned, we must attend to the diet, which should be a generous, plain, mixed diet, but rich in proteids and carbohydrates. Cream and well-cooked bacon are more easily digested than various preparations of cod-liver oil, and are, at the same time, much more palatable to the child. Here, again, we find even the very young child responsive to education and persuasion, and many a mother is surprised to find her child eating its bowl of bread and milk, or porridge, and many other foods which were refused at home.

To go into all the complications of tuberculosis would be a paper in itself, so that we may only touch to-day on a few of the most common.

Diarrhoea may be due to either tubercular ulcers in the intestines or to irritation caused by the toxins. If caused by the latter, we can do little except to give the least irritating articles of food and administer sedatives and protective medicines such as bismuth and opium.

If due to the latter, do not check the diarrhoea unless the patient is becoming too weakened, for the diarrhoea is probably only one of Nature's methods of eliminating poisons.

Temperature in tuberculosis is treated somewhat differently from that in acute disease, inasmuch as there is no change of diet and perhaps not so much restriction as to rest, but hyperpyrexia would receive the same treatment as in other cases, namely, absolute rest and hydrotherapy.

Sweats.—These have been incorrectly called night sweats. They might better be called sleep sweats, for they occur when in repose at any time of the day. Sometimes these are local, sometimes general. Again, this is a method of eliminating poisons, and unless too weakening to the patient had better be left unchecked. If, however, they become too troublesome, the ordinary astringent sponge, such as alum and alcohol applied to the part, is very beneficial. Many drugs are recommended, but are very hard on the digestive system, and as the consumptive's stomach is his best friend, we must take care of it.

Cough.—If a dry, hacking cough, without raising sputum, it should be discouraged, for if a patient is allowed to cough unnecessarily, haemorrhage results, through the stretching of a weakened vessel which is involved.

Pleurisy.—We find very young infants suffering severely from pleurisy, and one of the most pitiable sights at the post mortem examination is to be found in cases where the little lung is almost adherent to the chest wall. One may imagine what these little ones have suffered. The cry of an infant suffering from pleuritic pain is very characteristic, a short, sharp, sudden cry, which ceases when the child realizes that the effort is increasing pain.

With very small infants an ordinary binder to partially fix the chest is about all that can be done, as in most cases, both lungs are involved. In older children, where the pain is localized, apply a counter irritant, and if the pain is in the lower part of the thorax, the use of adhesive strapping to fix the chest will relieve.

In regard to the prognosis of a case of tuberculosis, we find a very pessimistic attitude assumed by the average general nurse, which cannot, to say the least, be very comforting to the victim nor to the friends, and as one who has lived constantly for nearly ten years with tuberculous patients, I would like to say to you that while it is lamentable that in so many cases valuable time has been lost before a positive diagnosis has been made, it is not too late, even with advanced cases, to obtain very gratifying results, providing there is good resisting power on the part of the patient, and while it is true that those who have suffered from the ravages of tuberculosis must never forget, must live and work under suitable conditions no matter how completely cured

they may feel, it is also true that those who have suffered from gastric or cardiac disease must live just as guarded lives as the one-time tuberculous patient.

The President: It has been a great pleasure to us to listen to Miss Dickson's address. I am sure we see things from a very different point of view. Several items were of interest to me. I wish to convey the thanks of the Association to Miss Dickson for her kindness in addressing us.

Miss Crosby: The committee appointed this morning on the Florence Nightingale Fund met after luncheon, and I submit to you this report. We have several recommendations to make. First—That the Nurses of Ontario be given some opportunity, in some way, to study the Life of Florence Nightingale, as presented to us by Sir Edward Cook in his book recently published. That some plan be arranged by which lectures on the life of Florence Nightingale be given to the Nurses of Ontario. Very interesting lectures could be given by dividing the subject, taking the early life, the home life and associations, the education of the woman, her work in the Crimea, and her work for the British Army, and then, possibly, her work in the later years of her life.

She did a great deal of work, not only for Nurses and nursing, but for women generally. She really led the movement for the emancipation of women all along the line. The response of the Nurses to the call for this fund will be in proportion to their knowledge of and admiration for this very wonderful woman, and if we have lectures given to the Nurses through their Alumnae Associations, or through some other plan devised by the Nurses, so that they may become thoroughly acquainted with her life and work in all its bearings, we feel that the response will be much more generous, and we do want that response to be worthy of the Nurses of Ontario.

In order to have some definite idea at an early date, your committee suggest that a letter be drafted, explanatory of this idea which I have tried to put before you, the object of this fund, what the fund is to do eventually, etc., be sent to the President of each Alumnae Association in the province and, where there is no Alumnae, to the Superintendent of Nurses at the Hospital, and each be asked to devise ways and means for their own Nurses to raise a fund, and to let the Executive know by January 31st just how much to expect from each Association, so that the Executive in its turn may report to the President of the National Association, and then the National Association will be in a position to know what it is going to do by the time the International meets, because, you know, May 31st, 1915, will not be very long coming.

The committee which you have appointed for this work will, if

you approve, draft such a letter as suggested and forward it, and give the Executive of the G.N.A.O. the report of the work that they have done.

The President: In the short time the committee were discussing their plans, since lunch, they accomplished a great deal of work. Are there any suggestions the meeting would like to add to Miss Crosby's recommendation?

Member: I think there are a great many graduates of our leading hospitals, living in the United States, who would be glad to subscribe.

Miss Crosby: We must not forget that this is an International scheme, and all Nurses in the United States will be contributing to the fund raised in the United States. We, as a Provincial Association, will deal with Ontario. The National, as I understood in Halifax, gave the work of collecting the fund in each Province to the Provincial Associations.

Moved by Miss Gunn, seconded by Mrs. Struthers, that the committee appointed this morning be made a permanent committee to handle the Florence Nightingale Memorial Fund for the Province of Ontario, in whatever way they think best.—(Carried.)

Miss Crosby: Do I understand that we will have to gather the money, or advise ways and means of receiving the money?

Miss Gunn: I mean you would advise the ways and means and get the money. (Laughter.)

The President: The committee is composed of Miss Crosby, Convener, and Miss Snively and Miss J. F. Stewart.

Miss Crosby: Are we permitted to add to our numbers, if necessary?

Miss Gunn: I would add as an amendment to the motion that the committee be empowered to add to its numbers should the work so require.

Seconded by Mrs. Struthers.—(Carried.)

The President: I would ask Miss Smith, the Convener of the Committee on the Revision of Constitution and By-Laws for this year, to read the proposed changes, but she is not able to be with us this afternoon. Miss Dyke, the former Convener, will read a report before we go to a discussion.

Miss Dyke: Miss Smith has been a very active Convener on this committee. She has come down from Hamilton and telephoned frequently.

We have worked very faithfully over the old By-Laws and these By-Laws which we have drafted. I think we were busy from half-past two until seven one day, studying it out very carefully and drafting By-Laws. It was then that the printing of those proposed amendments to the Constitution and By-Laws was left to me. A

lawyer friend of mine, whom I consulted to make quite clear to me the difference between the words "director," "executive" and "officers," when I showed him this Constitution we were amending, said we were incorporated in 1908, and asked for our Charter. I said, "I have never seen a Charter." He said, "I don't think you should amend your Constitution until you have your Charter." We consulted the firm of Mr. Ludwig. Mr. Ludwig was away, but Mr. Ritchie took a great interest in the work of the Committee. We had two consultations with him and got his advice, which was that the Association could, of course, determine the By-Laws which it wished to adopt, but that the incorporation in 1908 did away with all Constitutions except the Charter. We were puzzled to know why we had a Constitution that varied slightly from our Charter. They laughed and said it was a very common error in Women's Associations, so we wrote to Mr. Parmenter, who had incorporated the Society, and Mrs. Tilley has his letter, in which he states that he incorporated the Association in 1908, and he thought the Nurses understood at that time that the Charter became their Constitution, but, apparently, the old Constitution had been retained and amended as time went on. It was merely a technicality. There was nothing done that was out of harmony with the Charter, but, technically, we had been retaining a Constitution that went out of existence in 1908. So Miss Gunn and I communicated with Miss Smith, of Hamilton, and tried to frame our proposed By-laws to harmonize with the Charter.

We thought we would send out the By-Laws as they were proposed, but when we found it would be very difficult to do that unless we printed the Charter, because the Charter gave us power to vary the number of Directors, etc., so that we really had to print this year the Charter as it stood in order to make the By-Laws as proposed intelligible. The Charter remains as it is unless it is changed by application to the Government, but we may adopt any By-Laws under it the Association wishes.

The result of the somewhat prolonged discussion was the passing of these By-Laws.

BY-LAWS OR SUPPLEMENTARY REGULATIONS

Elections

1. Provided for the annulling of the old By-laws, but we have not been able to secure a copy.

2. The Board of Directors shall consist of 21 members, in addition to which each Chapter will appoint one representative. Seven members of the Association shall be elected by ballot annually by the Association, for a term of three years.

3. The Directors shall appoint their officers as provided in the Charter of the Association, and also the conveners or members of standing committees, at the close of each annual meeting.

QUORUM

4. Seven members of the Board of Directors shall constitute a quorum.

DUTIES OF OFFICERS

5. The President shall preside at all meetings of the Association, and shall be ex-officio member of all committees.

6. The First Vice-President shall, in the absence of the President, discharge all duties of the office.

7. The Second Vice-President shall, in the absence of the President and First Vice-President, discharge all duties of the office.

8. The Secretary shall keep a correct record of all meetings of the Association, notify members of all regular and special meetings, notify officers of their election, committees of their appointment, keep a correct list of names and addresses of members, keep a complete list of provincial training schools whose graduates are eligible for membership, send a summary of business transacted at each meeting of the Board of Directors to the secretaries of the local chapters, and have the custody of all important papers. She shall turn over to her successor, within one month after the annual meeting, all Association property in her possession.

9. The Corresponding Secretary shall perform all duties assigned her by the Recording Secretary.

10. The Treasurer shall collect all fees and dues and notify members of unpaid dues. She shall keep a strict account of all funds received and expended, and she shall keep the local Chapters informed of their paid-up members and render a report at the regular meeting of the Board of Directors and the Association. The Annual Report shall be audited by an expert accountant. No bills shall be paid by the Treasurer until countersigned by the President or her representative. The Treasurer shall keep the funds of the Association in a bank designated by the Board of Directors and in the name of the Association. She shall turn over to her successor within one month after the annual meeting all Association property in her possession.

ELEGIBILITY

11. Nurses graduating from a training school in connection with a hospital with a daily average of twenty-five occupied beds, and giving its pupils not less than a two years' training in general nursing, or giv-

ing an equivalent training in one or more hospitals, shall be eligible for membership.

MEMBERSHIP

12. Any Alumnae Association of a school giving its pupils the training specified in By-law No. 11, shall be eligible for membership.

13. Any organization of trained nurses, whose constitution and by-laws have been approved by the Board of Directors of this Association, shall be eligible for membership.

14. Nurses who are eligible under by-law No. 10, whose school has no alumnae association, or whose alumnae association is not a member of this Association, and are resident in localities having no organization of trained nurses holding membership in this Association, may become individual members.

15. Honorary members shall be elected by a two-thirds vote of any general meeting of the Association, but may not vote or hold office.

VOTING

16. Individual members will vote individually. Associations holding membership, shall have one vote for each five members.

COMMITTEES

17. A Legislation Committee shall be appointed and shall consist of five members, the Convener to be appointed by the Board of Directors with power to name her own committee. The duties of this committee shall be to keep the Board of Directors informed regarding matters relating to legislation for nurses in Ontario and elsewhere, and to make recommendations to the Board of Directors. This committee shall undertake any work assigned to it by the Directors.

18. A Committee on Press and Publication shall be appointed and shall consist of five members, the Convener and a representative to The Canadian Nurse to be appointed by the Board of Directors and three members to be appointed by the Convener. The duties of this committee shall be to report to the Board of Directors all important press notices affecting the objects of this Association, and to publish reports and notices as instructed by the Directors and to send copies of the same to the Secretary for filing.

19. A Nominating Committee shall be appointed at the annual meeting. It shall consist of five members, the Convener to be appointed by the President and four to be appointed by the Association from the floor. The duties of this committee shall be to compile a list of twelve members who are willing to serve, if elected, to fill the vacancies of the

seven retiring Directors. This list must be mailed to each member at least thirty days before the annual meeting.

FEES

20. The annual fee for individual members shall be one dollar ($1.00). Alumnae and other organizations of nurses shall pay an annual per capita fee of fifty cents, of which twenty cents will be returned to the local Chapter.

CHAPTERS

21. This Association shall encourage the formation of local branches, to be known as Chapters of the Graduate Nurses' Association of Ontario.

22. Members wishing to form a Chapter of this Association shall apply to the Board of Directors. All members resident in the proposed territory shall automatically become members of the Chapter when organized.

23. The officers of a Chapter may consist of a Chairman, Vice-Chairman, Secretary and Treasurer.

24. The Chapters may appoint standing committees to deal with local matters in accordance with the object of this Association. They shall refer all business of provincial interest to the Board of Directors of this Association.

25. The Chapters may appoint representatives to other local organizations.

ORDER OF BUSINESS

26. The meeting shall be opened by the prayer of the Association.

1. Roll Call.
2. Reading of Minutes.
3. Report of Secretary.
4. Report of Treasurer.
5. Report of Committees.
6. Unfinished Business.
7. New Business.
8. Election of Officers.
9. Adjournment.

AMENDMENTS

27. These By-laws may be altered or amended at any General Meeting of the Association, or at any Special Meeting called for that purpose, provided notice of proposed change be mailed to each member at least thirty days before said meeting.

The President: We have yet to decide about the paper for the International Congress.

Member: I would like to move that the selection of the writer be

left to the Executive. The choice of the paper is left to the writer.

Miss Gunn: The Province chooses the writer of the paper, but the writer chooses the paper itself. It goes out as a provincial choice.

Seconded by Miss Christie. (Carried.)

Miss Gunn: I would like to put a motion before the meeting. That at the next Annual Meeting of the Association seven members shall be elected to serve for one year, seven members to serve for two years and seven members to serve for three years, to meet the requirements of the newly-adopted by-laws.

Seconded by Miss Jamieson. (Carried.)

The President: We have no Convener for our Legislation Committee. It should have been attended to last June. We have appointed several, but all have declined to act.

Miss Dyke: According to these by-laws we will have to appoint a Nominating Committee to prepare our Bill for May, 1915.

The President: We should do so after the evening meeting.

Miss Christie was requested to suggest the Nominating Committee.

Evening Session.

Lieutenant-Colonel J. T. Fotheringham, Assistant Director of Medical Services, Division II., was introduced by the President.

THE ARMY MEDICAL SERVICE OF CANADA.

By Lieutenant-Colonel J. T. Fotheringham, Assistant Director of Medical Services, Division II.

Mrs. Tilley and Ladies:

I am afraid that before I am through with this talk you will one and all think it is a little dry. It is impossible to make such a subject interesting. It has to be somewhat didactic and more or less encumbered by facts and figures. I may, perhaps, relieve the situation, however, by introducing myself as an absolutely unblushing, unrepentant, uncompromising advocate of the duty and necessity of some form of universal training for the males of this or any other country, who are physically fit. We advocate this as a peace measure; as a measure meant to increase the industrial efficiency and domestic usefulness of the citizen, and to make the position of the country in its relations with the other units of the British Empire and with foreign communities more secure, less unstable and less dependent upon the goodwill or sufferance of our neighbors.

Sir Robert Craven advocated what was, in those days, an unheard of proposition: That he was prepared to prove that so far from being hurtful to people to be withdrawn from industrial pursuits for two or

three years, he was prepared, from figures, to show that it was actually an industrial asset.

Every one of you, of course, approaches the subject from an altogether different point of view, and you wish to hear, as I shall very shortly try to tell you, something about the recognized channels by which Nursing Sisters can play their part in the defence of the country. Before doing that I would like to point out certain rudimentary facts.

The first is from one of our training manuals to the effect that war is the ultimate result of policy by which the nation imposes its will on its enemies in defence of its honor, its interests and its existence. Second, that the armed forces of the Empire are the instruments by which in the last resource the national policy is carried into effect; and, thirdly, the strength of military forces to be maintained in peace or mobilized for war is, therefore, a matter of policy for which His Majesty's Government is responsible. The Army Council is responsible that the establishments voted by Parliament are efficiently organized, trained and equipped for war.

I need not point out that a modern army is meant for the defence of the country to which it belongs; the best defence is usually a vigorous offensive movement. The first essential in such an army, and the object for which a large proportion of its members, known as departments and services, or administrative troops (the nursing sisters come under the heading of administrative troops), are organized, is that this army may be able to take the offensive; in other words, may be mobile and self-supporting at a considerable distance from its base of supplies. Such an army must be fed, must be clothed, must be kept fit and well, must be provided with ammunition, with drafts for its wastage, with remounts, with pay, with its mail matter, with protection for its lines of communication. So we find in addition to the field army, composed mainly, of course, of combatants, viz., cavalry, artillery, engineers and infantry, that we have the medical services, the army service corps (charged chiefly with transport and supplies), remount and veterinary services, the army postal service, the army pay corps, the ordnance corps, military police, and so on.

Your training, of course, has accustomed you only to the work of medicine as it relates to civil life; it has not opened your eyes to the fact that the medical service of the army has an altogether different set of ideals. War is not made with rose water; it is necessarily accompanied by much suffering, sometimes by what looks like hideous cruelty, and the first duty of the medical officer, therefore, is not to attend to the men who have fallen sick or been wounded. I will read you some extracts from the regulations to give you so far as one may what that

point of view is as distinguished from the point of view of the civil training:

"The Army Medical Corps is maintained, first with a view to the prevention of disease, and secondly, for the care and treatment of the sick and wounded. The efficient performance of these duties demands a thorough knowledge of medical science, which must be acquired and kept up by deep and continuous study; and any instruction in purely military questions, beyond what is required for the performance of his proper functions, must be regarded as superfluous for an officer of the Army Medical Corps.

"It is necessary, however, to remember that while these are the objects for which he is maintained, the interests of the army require something even more than professional scientific knowledge from an officer of the Army Medical Corps, because it is impossible for him to carry out his duties efficiently without a certain general knowledge of military science, especially as regards the administration of an army in the field."

It will thus be seen that it is a far cry from the old conception of a medical officer's duties as understood even in the army, say, during the Peninsular war of 100 years ago, to the conception laid down in the regulations quoted, and a brief historical resume of the development may be permitted at this juncture.

The first military surgeons, of whom my reading gives any trace, were Machaon and Podaleirius, the two doctors of the Greeks before Troy; one of whom, Machaon, is described in the eleventh book of the Iliad as in need of medical service, having been badly wounded himself. The same book describes the treatment of the wounded Eurypylus by Patroclus, who cuts an arrow from his thigh with a knife, washes off the black blood, and puts bitter herbs on the wound, which stop the flow of blood.

These allusions were kindly given me again the other day by my former professor and friend, the President of University College. He further remarks in characteristic fashion upon the description, given in the same book, of Machaon, when wounded, drinking a "posset" of Pramnian wine with cheese grated into it, and barley meal sprinkled over it, which refreshed him, but which Plato criticises as justifiable for a wounded man only on the theory that if he could stand that he could stand anything and deserved to recover. The drink was given by Nestor's servant and not by a doctor, but the patient who took it was a doctor, and a wounded doctor, hence Plato's scoffs.

Most of the great names of medicine and surgery down to the days of Andrew Pare, in fifteen hundred odd, are associated with the service of soldiers in the field. About 1600 the Barber Surgeon is heard of. He was attached to a regiment and allowed the privilege of shav-

ing the soldiers. His pay was the not excessive sum of fourpence per day.

In 1700 surgeons and assistant surgeons were appointed to regiments and received a commission from the King; they were generally called "Mister," and had no rank or position whatever.

In the Crimean War, 1854-1856, there was nothing beyond a regimental doctor, so that disaster, due more to sickness than to wounds, followed most of the medical work. It is interesting to note that the reformation brought about by the force of public opinion was very much helped, if not mainly initiated, by the efforts of a woman, Florence Nightingale, "the lady with the lamp," who died, past 90 years of age, only four years ago. So that it is true, ladies, that your profession owes its existence largely to the working sister in the army.

In 1898 I was in camp at Ross, in Herefordshire, with the 5th Battalion, and I remember the officers telling me that they liked their old regimental doctor; he was a Surgeon Lieutenant-Colonel, was called "Pa" by the subalterns, and was considered a good judge of wine.

I need not say to you that these days have become but a pleasant memory, and that the medical service of a modern army has a well-defined status for all ranks, the officers holding substantive rank with regard to the rank and file of their own corps, and the whole army, and taking place both in Canada and Great Britain alongside the officers of all the other services on terms at least of equality, as regards good soldiership and efficiency generally.

The first Bearer Company organized by the British Army was made up from a number of men from the regiments of the Transvaal Field Force during the Sekukuni campaign of 1879, by Surgeon-Major James Hector, A.M.D. (Army Medical Department), who commanded the company. The expedition was under the command of General Sir Garnet Wolseley.

The Army Corps is distributed by the general officer commanding, part of it as field units which, of course, are mobile, and part as lines of communication units, whose functions are the maintenance of these lines of communication, and protection against attack; the forwarding of supplies, drafts, remounts, transfer of sick and wounded, and all the thousand details of the requirements of an army in the field. For the medical care of these two portions of the army it is evident that similar arrangements will not do. As regards the mobile field units, mobility is an essential. Their usefulness to the general is destroyed if they are to be hampered by the presence of sick or wounded men, to say nothing of the ill effect on the morale of the force of the presence of such men. Accordingly, we find that with the field army the medical units are mobile, and these are, in addition to the regimental medical establish-

ment, cavalry field ambulances and field ambulances, distributed in the following proportion:

Cavalry field ambulances—	
To each cavalry brigade	4
To army troops	2
Total	6
Field ambulances—	
3 to each infantry division, i.e., 1 to each infantry brigade, 6 infantry divisions	18
Army troops	2
Total	20

Returning to our lines of communication units, being less mobile they are stationed, sometimes for months without change, at posts, depots and bases. The medical units for service with these troops, and to take care of the sick and wounded who are passing down from the front, include the following:

Clearing hospitals, stationary hospitals, general hospitals, convalescent depots, ambulance trains, hospital ships, advanced depots medical stores and base depots medical stores. To these must be added the new sanitary companies, sections and squads of the latest establishments.

The duties of the officer who is to properly fill his niche in this scheme may be said to fall under four heads, viz.:

(1) The maintenance of the health of the army.

(2) The treatment of the sick and wounded.

(3) The prompt evacuation of the sick and wounded to the base.

(4) The proper maintenance of medical supplies and stores.

For the efficient carrying out of these duties the medical officer must be a well-disciplined soldier with a capacity for detail, tact in his relations with the other branches of the service, both combatant and administrative, and skilled in the control and disciplining of the men of his own corps. Furthermore, it takes little experience of war to appreciate the enormous strain thrown upon the organization by the outbreak of war. The duties of the medical officer in peace when sickness occurs (which it does in even a less proportion among his prospective patients than in a civilian population, because the army is made up of men, young and healthy) differ very widely from those imposed upon him when wearying marches and nights of exposure are followed up by the disasters of even a well-won battle.

The field of war from the medical officer's point of view is usually divided into three more or less overlapping zones, as follows:

The field of actual operations, in which casualties may occur. This

is known as the collecting zone, and is occupied by the field army with its cavalry ambulances and field ambulances, and regimental medical details, the mobile medical units already referred to.

2. More or less overlapping this zone, and reaching back over a varying distance to include the greater part of the lines of communication, which may be several hundred miles in length, is the evacuating zone, over which the wounded and sick, when collected, must be transferred to the third zone. The medical units in the second, or evacuating zone, include the clearing hospital, whose function is implied by its name (the sorting out of sick and wounded, the slightly wounded to be returned to service at the front within two or three weeks), and one or more ambulance trains.

3. The third zone is the distributing zone, in which the wounded and sick convalesce, and are again returned to the front for service, or invalided home as the wreckage of war.

In this third zone are normally found (a) one or more stationary hospitals, usually kept well forward on the lines of communication, for the secondary treatment of the seriously wounded, and of the slightly wounded who are likely soon to be returnable to duty at the front; (b) one or more convalescent depots, in which the over-fatigued and those suffering from slight ailments, the result of recent battle or the hardships of the campaign, or who have been crowded out of the hospitals to make room for more needy cases from the front, may rest; (c) general hospitals, which are very large establishments, 520 beds or more, with apparatus and equipment, and skilled physicans and surgeons, the whole quite equal to any modern, well equipped city hospital in civil life.

Chart Talk Was Given Here

It is worth noting that in proportion to their numbers there are more Victoria Crosses held by medical officers than by any other service. This, of course, is not due to any superior personal qualities, but to the peculiar nature and hazards of their calling, particularly in the rendering of first aid under fire.

The work of the military surgeon, however, is not confined to the clinical side. The British army is particular, with its posts and stations over most of the tropical world, has set a pace which the services of France and the United States have emulated with great credit.

Tropical medicine is a well recognized department of modern medical science, and the leaders in it have been men most of whom are still alive, and whose names are honored in every scientific circle the world over. Among these we may remind ourselves of Sir David Bruce, whose investigations abolished Malta fever; Sir William Leishman, at present Professor of Pathology in the Royal Army Medical College in Lon-

don, England; Sir Ronald Ross, of the Indian Medical Service, whose great work was in connection with the part played by the mosquito in the spread of malaria and yellow fever.

These, and many others of almost equal fame, are still with us.

A name as honored as theirs in the French service is that of Laveran, who, during his tour of duty in Algeria, did the work in connection with malaria which made possible the work of Ross and his associates in later years.

In the United States medical service perhaps the most famous name is that of Beaumont, who served as a regimental surgeon during the war of 1812-15; was present at Plattsburg in the East, served here in Toronto when the American forces burned the village (as it was at that time), and left a graphic account of his 36 hours' "cutting and slashing without rest or food" after the explosion of the magazine which mangled and maimed at least 300 of the troops for which he had to care.

In the isolation of a little United States post at Mackinaw, his classical observations on digestion, the first authentic information on the subject given to the world, were made with a patience and accuracy which amazed and delighted the scientists of France, Germany, Britain and the whole medical world.

To come to more modern days we have the spectacle of the Panama Canal and its construction made possible by the United States Army Medical Service of to-day, after thousands of lives and millions of dollars of treasure had been expended by the French under De Lesseps, in a vain effort to carry the project to completion.

It is to a body such as this, and particularly to the British branch of it, that we, as medical officers and nursing sisters, are proud to belong. (Applause.)

The President: On behalf of the Association I wish to thank you for coming here to-night. We realize that your duties are much added to at this time.

Are there any questions the Nurses would like to ask Dr. Fotheringham with regard to his address, or any point upon which you would like information?

Miss Crosby: One thing that, perhaps, we would like to have some information about is: We know a number of nurses in England are trained to do military service, and I don't just understand what the training consists of. When they go to the front, they are capable of riding in the saddle all day, and doing work of that sort.

Col. Fotheringham: There are two ways in which ladies can assist in war in an organized capacity. One is through the medium of the Red Cross and the other is through the proper military channel. The Red Cross is another product of the Geneva Convention. It is a Gov-

ernment institution, but it is a civilian organization altogether. Under the British scheme there are a lot which are manned entirely by the Red Cross and Ambulance people, organized under what is known as a voluntary committee scheme. Where bodies like the Red Cross in the United States undertake to give assistance in the war, they go their own gait. They will send what they call a hospital. This is very good, of course, but its establishment is probably of their own making. Once they have organized the unit it is taken over as a military concern.

Britain has always faced the prospect of an invasion. You all know that it is only about twice as far as from here to Niagara-on-the-Lake to cover the distance between Calais and Dover. The possibility of invasion is always before them.

They have organized in civil life their voluntary aid societies on a very extensive scale. A hospital like this in Great Britain would have for its head of service a colonel, major and junior assistants, with honorary rank. The minute war is declared, that hospital is taken over as a going concern.

Report of recent enrollments of Ontario nurses:

The President: We are pleased to hear that 246 nurses have volunteered to go to the front.

Member: Two thousand volunteered altogether.

Miss Gunn: I think a good many names were sent in from nurses who were not eligible. The requirements are very strict. A great many were not accepted because of being over the age limit.

I don't know that the Militia Department at Ottawa would probably investigate as much as we would about a nurse's training. A three years' diploma would represent a good nurse, whereas a good many nurses have come from England and stated they were trained nurses, and when they produced their diplomas they were midwives, or had taken a partial training. They were not eligible for enlistment. I have not kept track of the number of volunteers. I think I would have 2,000 myself.

With regard to the London District I would like to say that Miss Stanley had a very difficult time. She went to Military Headquarters, and apparently the colonel in charge did not take kindly to her, so she didn't make much headway. Col. Jones, in a letter to me, said that he had notified all the Medical Divisions throughout Canada that the Canadian National Association would enroll the nurses. The captain in London apparently did not receive that notification. He told Miss Stanley he had no official notification, and she could not do anything at all in London. The nurses enrolled at Military Headquarters and not through the Canadian National Association. I don't think I have one nurse from London on the list of nurses vouched for by the Association. Miss Stanley was unable to keep track of London because this

captain would not take the application from her, but had the nurses enroll directly through him.

Miss Crosby: I can only speak of the part the nurses of Toronto took in the work. First, we were asked to assist in contributing to the fund for the Hospital Ship. The women of Toronto undertook to raise a large proportion of the sum necessary for that ship, and the nurses felt that they must have a share. We convened in this room and decided that we would make $1,000 our objective. We set to work with a will and were fortunate enough to raise $1,350, and I was very happy as treasurer of that fund to hand that amount over from the nurses of Toronto to the Canadian Women's Hospital Ship Fund.

Then later there was a call for assistance for the Red Cross work, and again the nurses convened to see what should be their part in the contribution to this work. Supplies for the hospital were wanted, and also some assistance for our own soldiers at Valcartier. The nurses thought they could undertake the making of some 300 hospital nightshirts. Our meeting convened on Monday night, and we had to have them ready by Saturday, because all had to be sent to headquarters at the Women's Patriotic League on Monday, to be shipped from the city on Tuesday. The nurses got busy and far exceeded what we had set out to do. We contributed 540 nightshirts for the hospital, and 100 pairs of wristlets, and a number of comforters and other things. For these supplies the nurses had to raise a further sum of $250.

This gives you some idea of the part the nurses of Toronto have played in establishing the Women's Canadian Hospital Ship, in helping to equip that hospital and in helping to provide for our own soldiers at Valcartier. (Applause.)

Mrs. Forsyth Grant: Might I say as a visitor to Headquarters that those nightshirts were greatly admired. I heard universal expressions of admiration when I went into the room. The whole half of the room seemed to be stored, from the floor to the ceiling, with the nightshirts given by the nurses.

The President: That certainly is a splendid account. I don't see how you could possibly do that work in such a short time.

Miss Crosby: All those nightshirts were cut out in the Toronto General Hospital. They were distributed to the nurses throughout the city and to the Club.

The President: Is there anyone here who could give us an account of what the nurses are doing in other places?

Miss Dixon: Our nurses were mostly out of town, and those that were in town worked in with the city. We didn't work as an Association.

"Rural Nursing," Miss A. G. Touche, R.N., Superintendent of the Victorian Order of Nurses, Toronto.

"The Training of Nurses for Rural Nursing," Miss Annie MacKay,

R.N., Superintendent of Visiting Nurses' Association, Newark, N.J.

Miss MacKay: Until the last few years the visiting nursing in the United States was not organized. They had nothing like our Victorian Order or the British Jubilee Nurses, but for some years past they have had abroad a feeling that they would like to get an organized plan. They had, of course, visiting associations, but they had no regular system, and nothing at all national, but very recently the Red Cross decided to take up this subject of Rural Visiting Nursing.

When the Red Cross decided to start this work it found it was a very hard matter to get nurses who were adequately trained for that work. We all know it is very hard to get people to go out into the country, and also very difficult to get people who would make a success of rural work. The rural work includes small towns and cities as well as the actual country. They finally arranged a course for rural visiting work in connection with Columbia University. They are very fortunate in that University in having a Department of Nursing and Health. This course is very valuable and comprehensive. The nurses' afternoons are devoted to lectures. The remainder of the time is spent in field work in the Hunter Street Settlement. At first they take in all branches of public health nursing. They spend a certain amount of time with the tuberculosis nurses, the school nurses, the public hygiene nurses—with all the different sections, and their name is legion—and in addition to that they are sent out into the country to do visiting work.

They have one rural organization at Westchester County, which is a wonderfully well organized Nursing Association. It takes in a whole county. They have a central administration, and then, of course, the nurses in the other visiting societies are sent out and manage their own affairs to a certain extent, but they are all directed from this centre, and the work has been very successful. It was started by a nurse who took up the work there on her own account, a Miss Wade. Her sister went to the Spanish war and intended taking up the work on her return, but she died, and the work was taken up by Miss Wade as a kind of memorial.

I have brought a list of the lectures. It does not cover all, but it gives an idea of the kind of work the students are taking up. This is simply the rural work. They also take up all kinds of social work. They put in a certain time on the operation of Associated Charities, and while they are taking up their work in Hunter Street Settlement, at noon they read certain books, such as "Trail of the Immigrant," and advance books, a great many books on social work, apart from what they are getting at the College. Here are some of the lectures:

The Rural Life Problems; Four Stages of Rural Development; The Rural Population; Problems of Water and Food Supply; Disposal of

Waste in the Country; Air Conditioning and Health; The Rural Social Man; The Village and Open Country; Spread and Prevention of Incurable Diseases; Rural Education, etc., etc.

Each nurse who is sent into the country is supposed to be a School Nurse, a Tuberculosis Nurse, a Sanitary Inspector, and in addition to be interested in every plan of social betterment and keep in touch with all the agencies for the well-being of that community.

I should like to speak of the National Organization for Public Health Nursing. It is doing a very great deal for nurses. Of course, I have not given any adequate idea of what that course means. It is hard, as you all know, to tell what is being accomplished. I brought a list of the books, if any of you would like to see them afterwards. The course is not well developed yet, as it is only of very recent origin. No certificate of any kind is given. I think, probably, they will do so a little later. The Organization has a library at Washington, which is rather a unique thing. It is for the use of the Rural Red Cross Nurses. The regulations are that, in regard to borrowing books, the Association in Washington bears the expense of sending the volume, but it is returned to Washington at the borrower's expense. I suppose they are books bearing on social work.

There is a great awakening in the United States touching visiting nurses. We, as nurses, are altogether too apt to feel we know pretty much everything to be known. I find that there are a great many things that, after all, we don't know. I know it is a general feeling among nurses (those who applied to me, anyway) that because they have trained in hospitals they know all about visiting nursing, and it is not necessary for them to have instruction. There is the list which they have to study in that course.

I do not think the Americans organized the visiting work as soon as you did here, but with characteristic Yankee energy they are outstripping us in many ways. I think, perhaps, what started them to think of it more than anything else was their connection with the large business concern, the Metropolitan Insurance Co. It was suggested to the company that it would be a good plan for them to inaugurate a system of nursing in connection with their policyholders. I think, perhaps, the connection with the Metropolitan Insurance Co. was the immediate cause of the starting of this National Organization of Public Health Nursing. It certainly is an organization that is doing more, I think, to raise the standards of nursing in general than almost anything else. After they had started this work, they found that the Metropolitan Insurance Company in the rural and outlying districts was employing women who were not graduates at all, and in recent years there has been a great rush for starting visiting nurses' associations. Every town and city wants a visiting nurse, and often the women of

the committee in charge know very little about nursing, and any woman who came claiming to be a nurse was not questioned very closely.

The nursing profession began to realize that it was detrimental to the profession. At the Chicago Convention it was decided to send out circulars to all those engaged in visiting nursing. A great many nurses from Canada were there, and this organization called the Association for Public Health Nursing was organized. They took some time to decide about the name, because they wanted to take in all kinds of nursing. There were educational, factory, tuberculosis nurses and nursing in large departmental stores. Since that organization has been started it has become quite widespread. They take into the organization not only nurses who are doing the actual nursing, but it may be a Board of Health, a Visiting Nurses' Association, a School, or a Board of Education, or whatever body is employing that nurse. The Metropolitan Life Insurance Co., for instance, is represented on the Board of the National Organization.

Any organization that is a member of that National Organization must come up to the standard of the National Organization. Seventy-five per cent. of their nurses must be eligible for membership in that Association. Nurses must be registered, if registration obtains in the State in which they live. You must be a graduate of a hospital of at least 50 beds, giving a course in all branches of medicine and surgery—a three years' course—and they also require certain preliminary educational advantages, I think one year of high school, or its equivalent. You can see what a tremendous effect that has in raising the standard of nursing. The Metropolitan Insurance Co., which in the United States has a very widespread influence, where there is a Visiting Nurses' Association, employs a nurse belonging to that Association, where there is not, it sends a nurse. Now, every nurse sent out by the Metropolitan must be a member of the National Organization of Public Health, and in a very short time a great many other organizations will follow suit. The nurses sent out to the country must be members of the Red Cross. They set as high a standard as the National Organization. It has affected nursing in every way.

Circulars were sent out a very short time ago, asking that the State Nurses' Association organize a State Organization for Public Health Nursing.

All this helps to draw nurses into organizations, for nurses must belong to an Alumnae Association or the State Nursing Association. In that way it helps to keep them interested in keeping up the standards of nursing. In the States they are striving to place nursing on the same foundation as all other education. There will probably be a standard of education under the Board of Education. Hospitals will

be efficiently supervised, and there will be no exploitation of nurses. They go exactly as students go to any other institution of learning, to do the work of the hospital, but it will be seen that they get the education for which they go, and this National Organization for Public Health Nursing is certainly going to have a tremendous influence in bringing nursing education to a much higher level. (Applause.)

The President: We have enjoyed the address very much. We also appreciate the sacrifice you made in coming to us to-night.

That finishes our programme for the evening, but we have a little business left from this afternoon.

Report from Hamilton Chapter read.

The President: Under our new by-laws which were passed this afternoon, we have to appoint a Nominating Committee to make arrangements for the election of directors for next year.

I believe the President chooses the Convener. I will ask Miss Christie if she will kindly take the Convenership of the Nominating Committee for the next year.

Miss Christie: I have four names of those who have kindly consented to act, Miss Mitchell, Miss Stewart, Miss Charters and Miss Jackson.

The President: We want to make some arrangement to-night, or discuss for a few minutes the time and place of our Annual Meeting next year. We have usually held it about the 24th of May, to get the reduced rates, but this year we changed it. We have an invitation to go to Kingston next year. Has anyone anything to say with regard to the place of meeting? We were asked to go to Peterboro a year ago, but did not accept on account of the disarrangement in the Association. It was thought best to hold it in Toronto.

Miss Dyke: I think we are still in doubt as to whether the International Congress will be held in San Francisco, and that may alter the plans of the Canadian nurses. I would ask that the time and place of meeting be left in the hands of the Executive, to decide when it is possible.

Seconded by Miss Jamieson. (Carried.)

Moved by Miss Robinson, seconded by Miss Mitchell, that the Committee on the Revision of the Constitution and By-laws be asked to complete the work arising from changes in the By-laws, and to notify the Alumnae Associations throughout the Province of the required changes in their organization. (Carried.)

Miss Crosby moved a vote of thanks to the Toronto General Hospital and the different speakers, which was seconded by Miss Stewart and carried unanimously by a standing vote.

The meeting adjourned at 10 o'clock p.m.

REPORT

The Standing Committee on Revision of Constitution and By-laws appointed for 1914 is as follows:

Miss Gunn, Toronto General, Toronto; Miss Potts, Hospital for Sick Children, Toronto; Miss Dyke, Department of Health, Toronto; Miss Deyman, 137 Catherine street north, Hamilton; Miss Smith, Babies' Dispensary, Hamilton.

The committee met in August and several amendments were suggested in the Constitution and By-laws, which would meet the requirements of the various Chapters, and form a working basis for these Chapters, but it was found, on consulting the firm of lawyers of the Association, that as the Society is incorporated, it was not possible to make any change in the charter without applying to the Provincial Legislature, which step did not seem necessary, as the original charter was found to adequately provide for all needed changes. Therefore, the By-laws were amended and the charter remained as the Constitution.

This new Constitution and By-laws was fully discussed at the annual meeting and adopted as follows:

Changes are given on page 778.

The committee met in Hamilton September 26th, and outlined circular letters to be sent to individual members, to Hospital Superintendents who were asked to forward the letter to the secretary of the Alumnae, if such an association had been formed, and who were also asked to use their influence among the nurses of their district toward the forming of a local Chapter of the G.N.A.O. Letters were also sent to the various other nursing organizations other than Alumnae, already in existence in the Province, re affiliation.

HELEN N. W. SMITH.

Editorial

CHRISTMAS

This Christmas season will be celebrated with a chastened joy and with much of sadness. This is inevitable, for we cannot forget the awful suffering of those who are so bravely fighting for our freedom and liberty, for all that we hold dear. In so many homes the light has gone out, for a loved member has given his life in defence of his country. And yet all this sorrow and suffering and distress may serve to bring us back nearer to the real spirit of Christmas—"It is more blessed to give than to receive."

Our prayers follow the Nurses who have gone to the front to do their part in helping to assuage suffering and relieve distress, that their work may be all that it should be.

But the work of the Nurses at home is not less necessary, no less patriotic, no less noble, and should be no less in our thoughts, too. Many more would have been at the front, if necessary, and stand ready to go, if called. The service rendered quietly, in the ordinary routine, may be just as far-reaching in its effectiveness, and confers just as great a blessing on giver and recipient as the service rendered more publicly under the country's eye.

For our readers we wish the best that this season can give, for our lives must reflect the life and spirit of Him whose coming we celebrate if our own characters are to develop in the best and truest way and our service is to in any measure be the help and benefit that we desire.

THE REPORT

The report of the Annual Meeting of the Graduate Nurses' Association of Ontario, given in this number, will be read with interest, not only by the Nurses of Ontario, but by the Nurses of the other provinces. The changes that have been made in the By-Laws are so radical, making them so entirely different to those previously in operation, and to those of any of the other Provincial Associations, that the working out of the new By-Laws will be watched with interest.

A complete change in plans and procedure often stimulates to new growth and greater activity and usefulness. The Graduate Nurses' Association of Ontario is hoping that this will be the outcome,

not only for itself but for the Alumnae Associations of the province.

The revision of the By-Laws left much less time than usual for papers and discussions, but those that were given were full of interest, and should prove profitable.

Miss Dickson's paper discussed a subject of live interest to Nurses everywhere, and she speaks with the backing of years of experience in this work. Her counsel, therefore, should be especially helpful.

Miss MacKay's subject, too, was one of live interest, and her own enthusiasm in the work could not but stimulate the enthusiasm of other workers in this department.

Miss Touche's paper was very interesting, but we regret that we were unable to embody it in this report, as she had destroyed it.

Dr. Fotheringham's address was listened to with keen interest, and the illumination given to the whole subject of Military Nursing was very grateful, for now we can follow intelligently the work of the Nurses at the front. We regret that our readers could not have the benefit of the chart talk, which demonstrated so clearly the plans of procedure of the Medical and Nursing Service on the battlefield.

The appended report of the Committee on Revision of Constitution and By-Laws was not presented at the Annual Meeting, but was handed in for inclusion in this report.

Correspondents are reminded that all communications should be accompanied by name and address of writer. Otherwise no cognizance can be taken of them.

The Guild of Saint Barnabas

The monthly meeting of the Montreal Branch of the Guild was held in the Church of St. John the Evangelist, on Tuesday, October 21st, at 8.15 p.m.

Present: The Chaplain; the Rev. L. W. Smith; the Secretary; the Organist; 2 honorary members; 13 members; 1 associate, and 1 member of English Branch.

The Office was said by the Rev. L. W. Smith, and the Chaplain gave a short address, taking for his subject the opening words of the Prayer for the fruits of the Holy Ghost, from the Guild Office: "O Holy Spirit, Eternal Love of the Father and of the Son, grant us to taste the sweetness of Thy loving kindness." Miss F. M. Shaw was then presented to the Chaplain as being the choice of the members to succeed Miss Stikeman, and was duly installed as Superior of the Montreal Branch, she promising to do her best to keep the rules of the Guild and to endeavor to carry it on according to its Constitution and By-Laws. After Prayers for the new Superior, the meeting adjourned to the Guild room, where tea was served.

Notice was given by the Superior that the Chaplain had made arrangements to start again the monthly celebrations at the two large hospitals, i.e., at the M.G.H. on the first Tuesday in the month, and at the R.V.H. on the last Tuesday. She also announced that it had been arranged to resume afternoon meetings, which will give those members who cannot come in the evening a chance of attending. These afternoon meetings will be held in St. John's Parish House, 91 Ontario Street West, on the second Tuesday in each month, at 3.30 p.m., and at 4.30 (after tea) the meeting will adjourn to the Church, where the Guild Office will be said. The evening meetings will be held as usual on the third Tuesday.

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL.

President—Miss Phillips, 43 Argyle Ave.

Vice-Presidents—Mrs. Petrie and Miss Dunlop.

Secretary-Treasurer—Miss Des Brisay, 16 The Poinciana, 56 Sherbrooke Street West.

Registrar—Mrs. Burch, 175 Mansfield St.

Reading room—The Lindsay Bldg., Room 319, 517 St. Catherine St. West.

Miss Phillips' many friends will be glad to know she is progressing favorably towards recovery, and expects to leave the hospital shortly.

Miss R. Moffatt has recovered from her serious illness.

Miss Pelletier is the first of the Montreal Nurses to go to the front. She went over with the first contingent.

The monthly meeting of the Canadian Nurses' Association was held on Tuesday evening, November 3rd, when Doctor Turner delivered a most interesting and instructive illustrated lecture on "A Trip Through the Balkans."

He described the country, the people, their character, and customs very well, showing what dangerous opponents they made—especially the Tyrolese, who were mountaineers, and good hunters, and knew that part of the country so thoroughly.

The Germans he described as a patient race, willing to wait any time to accomplish what they undertake.

The first meeting of the Red Cross Group was held in the reading room on Thursday afternoon. A large number turned out for work, and many took bandages and dressings home to be made up.

The railroad is a wonderful civilizer. Each year, as we journey Westward, we find obstacles removed, and trips which were more or less dangerous, long and tedious, made comparatively safe, short and pleasant by new lines of railway.

Not many years ago the Cariboo Country was accessible only by means of pack-horses or the lumbering stage; then, gradually, the automobile was requisitioned. This led to an improvement in the old Yale-Cariboo Trail. Steamboats were out on the Fraser—one in 1910, one in 1912—to be run in connection with the motors. These boats ran from Soda Creek, 168 miles north of Ashcroft, to Quesnel, 220 miles north, and latterly to Fort George, distant from Quesnel 98 miles. Often the water was too low for the boats to run. So, only one year ago, the trip to Fort George was difficult in the extreme. But, the G.T.P. was a-building; so, this year, out from Edmonton we went—good roadbed, comfortable electric-lighted berths, dining and observation cars—and reached Prince George, rested, in twenty-two hours. On the road we passed the famed Mount Robson, 13,700 feet high—the highest peak in the Canadian Rockies. It is very beautiful, and the passengers have an opportunity to view it from many angles, as the train keeps it in sight for a long time. It is very interesting to see all the new towns along the G.T.P. in the making. Every one seems so hopeful and contented in the midst of hard work and all kinds of hardships.

Prince George, Fort George, and South Fort George are three towns all within a radius of three miles. Prince George is the central town and, being the railroad town, will most likely be the chief one, but, meantime, things are not yet settled. They may be incorporated as one town, though the area is too large for an ideal townsite.

Fort George has been the scene of many a disappointment, but it

is a bright little town, with some very good public buildings, and some of the private residences are most picturesque.

From Fort George, we had a very interesting trip down to Quesnel on the gasoline launch, "The Viper." "The Viper" is small, but she can do wonderful things. Someone described her as "Just a hull with an engine inside." There is the steering gear, the little gasoline stove with two burners, on which the "boy" makes all kinds of tasty messes for us to enjoy as we motor along. Then there is a folding pine table, which fits closely to the craft's side, a space for baggage, boxes of gasoline, and the engine; and in the bow, pillows and blankets. In lockers along the sides are kept the food supplies. "Multum in Parvo" would be a really good name for the little craft.

When we arrived a little ahead of time at the slips, the "boy" was busy getting things ready for the trip, polishing the chimneys, filling lanterns, etc., so we settled down on a comfortable chair, formed of gasoline boxes and shawls, and watched the other passengers arrive, the mail bags and the baggage, which was hauled, pushed and pulled and finally slid down the single slippery plank that served as gangplank. Then the order was given, and away we sped, leaving Fort George far behind us.

The day was warm and beautiful, so we kept up the awnings and had a good view of the shore as we skimmed along. The Fraser is a wonderfully beautiful river, with its windings, its rapids and its canyons. It was all so interesting, that it seemed no time before we saw the row of lights of Quesnel, and the trip on "The Viper" was over. The only mishap was the loss of the captain's tie, which blew off, a patch of blue on the landscape for a moment.

To vary things, we decided to return overland by motor to Fort George. This motor trip was an experience. The roads are not too good—just new roads through the woods—and though some patching has been done and little bridges built, there is much left undone and the mud-holes are bad.

We came on a chauffeur lighting a fire by the roadside, where his party had decided to spend the night. To his inquiry if we had passed a Ford car, our driver replied "No," when one of our party called: "Unless it was down one of those mudholes." A little farther along we saw a flash, and there in the glare of our lamps two bedraggled creatures, a man and a woman, appeared. Their car, the Ford, had got stuck in a mudhole—no reflections on the Ford car, at all!—and they had walked some three miles and were making for a house some seven miles off. However, we took them back to the car, pulled it out, and sent them on their way rejoicing.

The holes were only here and there, and as we approached Fort George the roads became better. The country we went through was

ideal—the beautiful virgin forest with the holy stillness, broken now and again by the twitter of a bird, the hammering of a woodpecker, the swish of a prairie-chicken, the bound of a rabbit, or the merry little notes of a squirrel.

The combination trip—train, boat, and motor—is certainly an improvement on the all-motor trip of other years. The railroad truly is a great civilizer.

The Victorian Order of Nurses for Canada offers a post-graduate course in district nursing and social service work. The course takes four months, and may be taken at one of the Training Homes of the Order: Toronto, Ottawa, Montreal, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa, or to one of the District Superintendents at 206 Spadina Avenue, Toronto, Ont.; 46 Bishop Street, Montreal, Que.; or 1300 Venables Street, Vancouver, B. C.

HOSPITALS AND NURSES.

British Columbia

The graduation exercises of the Class of 1914 of Vancouver General Hospital Training School for Nurses were held on October 10th, in the new Administration Building of the Hospital. Mr. J. J. Banfield, Chairman, gave, in his address, statistics showing the progress the School had made. Ten years ago there were 19 nurses, now there are 130. Hon. Dr. Young gave an address. The diplomas were presented by Mayor Baxter. Mrs. Young presented the medals.

The gold medal for general proficiency, given by Dr. R. E. McKechnie, was won by Miss Jewel Sigsworth, and was presented by Hon. Dr. Young. During the ceremonies Miss Large sang Tosti's "Good-Bye." A reception was held from four to six. The members of the graduating class are Misses Olla Bentley, Minnie Lisk, Bertha Youdall, Elizabeth Clarke, Violet Bate, Eleanor Hopkins, Alice Sharpe, Alice Culham, Gladys McLean, Cecilia Gibson, Edith Hibbs, Mora Glass, Margaret Oliver, Elinor Wade, Kathleen Huntley, Edna Taylor, Jewel Sigsworth and Mary Milne.

Miss E. L. Craig, V.G.H., '06, has been granted leave of absence from Palama Settlement, Honolulu, to head a party of four Graduate Nurses that have been sent by the people of Honolulu to the Red Cross Society in London, England, for service at the front.

At a meeting of the Women's Auxiliary of the Royal Columbian Hospital held on October 10th, it was decided to buy all linen to be

used at the hospital in New Westminster and to call for tenders for the linen supply for the next year.

Miss Cecily Galt, daughter of Mr. Justice Galt, is one of the Canadian nurses who are accompanying the Canadian contingent to England.

Dr. and Mrs. A. S. Munro entertained the members of the graduating class of 1914 of the Vancouver General Hospital and a number of their friends at a most delightful little dance at their home on Shaughnessy Heights on the evening of October 10th.

Saskatchewan

The graduate nurses in Regina meet once a week at the home of the President, Mrs. J. A. Westman, to sew for poor families. Since beginning this work in September, three families have been completely fitted out with clothing. Beside this, the nurses contribute to a fund for providing food for at least one family. During September one family was supplied with nourishing food until the father got work, then another family was taken over. The mother in this case was approaching confinement, and the father out of work. The Association will provide for this family until the mother is able to go back to work again.

The graduating exercises for the class of 1914 of the Medicine Hat General Hospital were held at the Nurses' Home on June 10th. A large number of the friends and patrons of the hospital assembled to do honor to the graduates. The class was unusually small, but the individual work and general proficiency were quite equal to that of any previous years. The graduates are: Misses Ruth Forster, Isobel Nash and Lillian Payne.

The members of the Medicine Hat Association of Graduate Nurses are taking up a course of lectures on surgical and medical work. This is being very much appreciated, everyone realizing how very easy it is to grow "rusty." A very keen interest is being taken in Red Cross work and several of the graduates of the city have volunteered for war service.

Miss Elizabeth MacDougall, M.H.G.H., '13, is doing staff duty in the hospital at Fernie, B.C.

Miss Ruth Forster and Miss Isobel Nash, both of the class of 1914, Medicine Hat General Hospital, have accepted positions on the staff of the hospital in Red Deer, Alta.

Miss Edna Stewart, M.H.G.H., '13, who has been on the staff of the Fernie Hospital, is spending a holiday with her sister in Lumsden, Sask.

Miss Margaret West, charge nurse at the City of Medicine Hat Isolation Hospital, has returned from a holiday spent in Quebec with her sister, Miss Florence West, who left with the first contingent and

is now in England. Miss West was, until June of this year, in charge of the Maternity Building of the Medicine Hat General Hospital.

Mr. and Mrs. Beeton paid a short visit to Medicine Hat en route to China, where both will engage in mission work. Mrs. Beeton was formerly Miss Boston, class '10, M.H.G.H.

Miss Lillian Ford, of the staff of the Medicine Hat General Hospital, is in Winnipeg doing district and social service work, with a view of doing work in that department of the General Hospital on her return.

Manitoba

Miss Frederica Wilson, for several years Superintendent of Nurses of the Winnipeg General Hospital, is spending the winter at Whonnock, B.C. It will be remembered that her resignation from the Winnipeg General Hospital took effect in June, and en route to the coast she paid short visits to several of the hospitals in the West, and the many graduates in these hospitals who trained under Miss Wilson were delighted to welcome her.

Among the Western Superintendents who are graduates of the Winnipeg General Hospital are: Miss Turner, '08, at Regina; Miss Macey, '08, at Maple Creek; Miss Hicks, '11, at Weyburn; Miss Winslow, '09, at Medicine Hat; Miss White, '10, at Fernie, B.C.; Miss Matheson, '99, at Revelstoke, B.C.; Miss Loucks, '12, at Kamloops, B.C.; Miss Kidd, '07, at Nelson, B.C., as well as many others who are doing institutional and private work throughout the provinces.

Miss Jean Matheson, Superintendent of Nurses of the Revelstoke, B.C., Hospital, visited friends in Winnipeg during October.

The five nurses who left Manitoba for active service were: Sister Edith Hudson, Misses Alfreeda Attrill, Cecily Galt, Katherine Isobel Scoble, Charlotte Younghusband. Sister Hudson and Miss Attrill are members of the M.A.G.N. Sister Hudson was doing Victorian Order work, and Miss Attrill was one of the city Welfare Nurses.

Miss Priscilla Smith has accepted a position on the staff of the Associated Charities. Miss Smith is a graduate of Toronto General Hospital, and is well-known to social workers in Winnipeg, having been Superintendent of the Methodist Deaconess Home here for four years.

The Metropolitan Life Insurance nursing has been taken over by the Victorian Order. Previously this work had been done by a non-graduate.

Miss Kirke, who has been a staff nurse in the Children's Hospital, has been appointed to fill the vacancy caused by Miss Attrill's departure for England.

The first examination for nurses, set by the University of Mani-

toba, was held in September. There were fifty-nine candidates, and all were successful, excepting seven, who failed in one subject.

Miss Wilson, late Superintendent of Nurses, Winnipeg General Hospital, is spending the winter with her sister in British Columbia. Miss Mabel Gray is Miss Wilson's successor, and Miss Isabel Laidlaw, late Superintendent of Dauphin Hospital, is her assistant.

Miss Pentland has resigned as Superintendent of the Children's Hospital, Winnipeg. Her successor is Miss Doll, former assistant.

Miss Blachmar, Superintendent of the King George Isolation Hospital, has intimated that she is willing to give post graduate work to any nurses of good standing who are willing to avail themselves of the opportunity.

The Manitoba Association of Graduate Nurses has given thirty pair of blankets to the soldiers at the front.

Ontario

Hamilton: In the last issue an omission was made in regard to Miss Barbara Simpson's appointment. It should have read—Miss B. Simpson, Matron Superintendent of the Margaret Cox Distributing School for Girls, Peterboro, Ont.

Miss Lewella Hannah has resigned as Nurse in Charge of the Essex County Tuberculosis Hospital, to accept a position in the Municipal Hospital, Prince Albert, Sask.

Miss Sarnman has been appointed one of the nurses on the tuberculosis staff of the Health Department, Cleveland, Ohio.

Miss Florence Nichol, graduate of Hamilton City Hospital, whose home is in Paris, Ont., has gone as military nurse with the first Canadian contingent.

The regular monthly meeting of H.C.H. Alumnae, was held November 3rd, in "The Residence." The principal business was the changing of the constitution to make it agree with the constitution of the Graduate Nurses' Association of Ontario, which means that each member of the H.C.H. Alumnae will pay as her annual fee $1.50, this amount being sufficient for membership in both Associations. This met with unanimous approval.

A committee was formed of the following: Misses Dunlop, A. Kerr, and E. Aitken, to arrange the ballot forms for election of officers for 1915.

Miss A. Carscallen, Treasurer, was re-elected by acclamation.

At the conclusion of the meeting afternoon tea was kindly served by Miss Madden, who also read a very interesting letter written by Miss Sampson on board the "Franconia," in which the writer mentioned that the nurses were given lectures each day, also taught signaling in the gymnasium. One day the nurses helped to resuscitate a

man who had fallen overboard from one of the other vessels. In a more recent letter written from the hospital, Miss Sampson states that we can form no idea of the horrors of the war, judging from reports by patients. In London the national anthem sounds more like a funeral hymn.

The Sisters of St. Joseph of the Roman Catholic Episcopal Corporation of London, have purchased the residence of John Farley, K.C., at St. Thomas, and will remodel it for a hospital.

Collingwood: Miss Frances Collins, class 1914, has recently gone to Sudbury to take up private nursing.

Miss Mary Robinson, late Assistant Superintendent of the G.V.M. Hospital, has accepted the position of Superintendent of the Midland Hospital.

Miss M. Y. E. Morton, Superintendent of the G.V.M. Hospital, spent a few days at her home in Bradford.

This season's first Alumnae meeting was held at St. Michael's Hospital, October 6th. All of last year's graduating class were received into membership. The Sisters generously gave dainty refreshments at the close, the table looking very pretty with American Beauty roses.

Sincere sympathy is extended to Miss Mary Boyle (St. Michael's Hospital) on the recent death of her sister.

The nurses of St. Michael's Hospital, both graduate and pupils, held a very successful masquerade on Hallowe'en. The hall was appropriately decorated. The earlier part of the evening was devoted to various games, patriotic music and choruses, after which dancing was indulged in, bringing a heartily enjoyed evening to a close.

The first regular meeting for this season of the Ottawa Graduate Nurses' Association, was held at the new club house, 93 Fourth avenue, on Wednesday, October 14th. Miss Grace Moore, the President, presided, and a large number of nurses were present.

The question of providing a benefit fund for the members of the Association was brought before the meeting. Several nurses took part in the discussion which followed, but nothing definite was arrived at, and the decision was left over till the November meeting.

A letter was read from the Secretary of the local Red Cross Society thanking the nurses for the help they had given in the work of the Society in Ottawa. Tea was then served, after which the members were invited to inspect the new club house.

Miss Grace Moore, President of the Ottawa Graduate Nurses' Association, and Miss Reardon, graduate of the Ottawa General Hospital, have gone to Quebec, to take a course at the Military Hospital there, and Miss Kay, graduate of the Lady Stanley Institute, has gone to Halifax to take the course there.

The Toronto Western Hospital Alumnae Association spent the evening of November 6th at the home of Mrs. Valentine, making pneumonia jackets for the Red Cross Society, and decided to hold weekly meetings for a time to assist in making hospital supplies.

The regular monthly meeting of the Central Registry Committee was held at the Club House, 295 Sherbourne street, on Monday, November 2nd, at 3 p.m. In the absence of Miss Mitchell (retiring convener) Miss Wardell occupied the chair. Fourteen members were present. After the business was transacted the election of officers took place, Miss Wardell was appointed Convener, and Miss Letter, Secretary.

Sixteen nurses were accepted in October, and eight at the last meeting, making a total of 528 members.

Miss Weldon, graduate of the Toronto General Hospital, has accepted the position of Superintendent of Nichols Memorial Hospital, Battle Creek, Mich.

We regret the ilness of two of our members, Miss Orem, of the Toronto General, and Miss Mabel Barnard, Mount Sinai Hospital, N.Y. We trust both may have a speedy recovery.

Total calls for October were 282, 161 of which were to the hospitals of the city.

Received in membership fees for the month, $225, and from sale of charts $5.19; expenditure, $178.75; total balance, $1,688.20.

London: The Victoria Hospital Alumnae Association held its monthly meeting Tuesday evening, November 3rd. It was decided that instead of the monthly lectures, the Association would meet every Tuesday evening and devote itself to Red Cross work.

The initial meeting resulted in the making of fifty pneumonia jackets, the gift of the Association.

The fourth annual meeting of the Graduate Nurses' Association of Berlin and Waterloo was held at the B.W. Hospital, on Monday, November 2nd. The President, Mrs. Bilger, was in the chair. There were 18 members and 3 visitors present.

The annual reports were most encouraging.

Throughout the year the attendance at the regular meetings has been exceptionally good.

We have now a total membership of 29, with 13 new members and 5 removals in the year.

A brief resume of the monthly programme may be of interest to other Associations: December, Social evening; January, Business meeting; February, Revision of Constitution and By-laws; March, Talk, "New Ideas in Preparation and Care of Surgical Patients"; April, Literary evening; May, Topic, "Serum-therapy"; June, Talk, "Maternity

Work"; September, Address, "Infantile Paralysis"; October, Paper, "To What Extent Does a Nurse's Temperament Influence Her Patient?"; November, Annual Meeting and Election of Officers.

A subscription of $55 was forwarded to the Canadian Women's Hospital Fund, also $20 to the local branch of the Red Cross Association.

Our slogan for the coming year is: "To Do Good, to Get Good, and to Be Good."

Officers elected for the new year are: President, Mrs. Bilger (by acclamation); 1st Vice-President, Mrs. Pieper; 2nd Vice-President, Miss Roos; Secretary, Miss Master; Treasurer, Miss Merner.

The monthly meeting of the Graduate Nurses' Association of Thunder Bay District was held in the Nurses' Home, McKellar Hospital, on November 5th, with a fairly good attendance. Dr. C. C. McCullough, specialist, addressed the meeting, giving some very interesting points in the work of a private nurse.

The meeting in December will be the annual meeting for election of officers.

Miss Dolan has been appointed to assist Miss Jones, the School Nurse, while the work is too heavy for one nurse.

Miss Hall and Miss Ryder expect to take up district work, with the Victorian Order, at an early date.

Mr. Alexander, the President, gave each of the class a bouquet of roses. Rev. Geo. Little, B.D., gave a very practical address to the class. The Venerable Archdeacon Davidson, when administering the Hippocratic Oath, asked the class to remember their promises were being made when their country was at war just for the sake of keeping a promise sacred. He then presented the pupils with their diplomas, and Dr. MacKinnon "pinned on" the badges. Miss Ella Lyons had the highest marks in the examination, and secured the case of instruments kindly given by the Guelph General Hospital Alumnae Association. Misses Nelson and Morton, Misses Howell and Professor Shilduck rendered great help towards the success of the programme with their splendid singing. After refreshments were served a very delightful dance was held until midnight, when the strains of "God Save the King" brought a very enjoyable evening to a close.

The graduating exercises of Guelph General Hospital were held in the Nurses' Home on Friday, October 16th, when six nurses secured their diplomas in the presence of a large and enthusiastic audience. The sitting room was tastefully decorated with red and white (class colors) bunting and flags, while the platform was surrounded with beautiful flowers and palms.

The graduates are: Misses Ella M. Lyons, Marie Black, Etta Benson, Annie M. Morton, Annie H. Henry, and Jessie R. Robertson.

Mr. and Mrs. A. H. Paffard have removed to 57 Poplar Plains Road, the Aura Lee Club having purchased their former home, "Blithewood," in North Toronto.

St. Joseph's Hospital, London, is having a new wing added.

Quebec

The annual meeting of the Alumnae Association of the R.V.H., Montreal, was held on the evening of the 14th of October, in the Nurses' Home.

After the reading of minutes and reports the election of officers was proceeded with. Miss Goodhue was unanimously elected President, with Miss Gilmour 1st Vice-President, Miss Campbell 2nd, and Mrs. Stanley 3rd; Mrs. Roberts, Recording Secretary; Mrs. Ross, Corresponding Secretary.

It was with much regret that Miss Hall's resignation as Treasurer, a position she has most faithfully filled for ten years, was accepted, and Miss Jessie Reid elected in her place. The President made the pleasing announcement that Lord Mount-Stephen had sent the Alumnae Association, for the Sick Benefit Fund, the handsome donation of five thousand dollars. After the business of the meeting was finished Miss Bryce, who was in Paris when the war broke out, gave a most interesting account of her trials before she, with her friends, reached London. Then Mrs. MacKay (Miss Crowell) told most graphically of her still more serious difficulties and adventures in getting from Austria, where she was with a patient at the commencement of the troubles, to London. Arrested and searched twice, and detained three weeks in Munich, as she could not get passport or train to leave, her experiences were most unpleasant and alarming, as by that time the feeling in Germany was very hostile to the British. Finally she managed to reach Holland on a train made up for Americans, and, crossing the Channel, remained nine days with friends in London before sailing for home. Miss Crowell was married in Quebec to Dr. MacKay on Tuesday, October 5th. Dr. MacKay is one of the medical staff who accompanied the Canadian contingent, and is now in England.

The following graduates of the Montreal General Hospital accompanied the first Canadian expeditionary force: Misses Vivian Tremain, '01; Cecily Galt, '13; Georgina Massy, Isabella Strathy, Marjorie Webb, Juliet Pelletier, of 1914.

The members of the Alumnae Association voted one day's salary towards the Patriotic Fund, and realized $211.70.

Miss Gertrude Baynes, M.G.H., '11, is at present doing Red Cross work in France.

Miss M. B. Brittain, M.G.H., '11, has returned from a delightful holiday spent in England and Scotland.

Miss M. V. Young is living in England.

Miss Laura Terrill, M.G.H., '10, is at home again. She has, for the past year, been in Florida and other parts of the Southern States with a patient.

Miss Isobel Davies and Miss Mildred Forbes have returned from a holiday spent in England and on the Continent. Fortunately they had left Paris before war was declared.

Miss Mary Bruce, M-G.H., '05, has joined the Victorian Order of Nurses in Vancouver.

Miss Gertrude Vipond, M.G.H., '11, was married to A. W. Graham, Esq., September 9th, 1914.

Miss Ruth Logie and Miss Lillian Dickie have returned from a holiday spent in New Brunswick.

Miss Wyman, M.G.H., '10, has gone to Florida for the winter with a patient.

The new General Hospital, Sherbrooke, was opened in the presence of a large gathering of influential citizens, on October 9, 1914. Mr. B. C. Howard, President of the Board of Governors, occupied the chair, and in his opening address gave a short history of the institution. The dedication ceremony was very impressive, the dedicatory prayer being offered by Rev. G. Ellery Read. Dr. George Hume gave the report of the Medical Board. Other speakers were Canon Shrieve and Judge White. Dainty refreshments were served by the Ladies' Hospital Committee at the close. In the evening an enjoyable entertainment was given by the Junior Ladies' Aid.

The graduation exercises of class 1914 of the Woman's Hospital, Montreal, took place on September 16th, in the Nurses' Home. The rooms were prettily decorated with beautiful flowers given by the former graduates.

The class was addressed by Dr. H. L. Reddy, and Dr. W. Barnett. After the presentation of diplomas and medals, a musical programme varied with recitations was rendered by the pupils and friends of the graduates. Refreshments were served at the close.

The graduates are: Misses E. I. Knapp, A. Poyser, Elizabeth Boa and Catherine Boa.

The graduates desire to take this opportunity to thank all the nurses and their friends for their co-operation and help in making two Red Cross cases of supplies, which were, by request of Dr. K. Cameron, finished in time to be sent with the Canadian contingent from Valcartier. The supplies consisted of sterilizer, 1,000 assorted bandages, 100

absorbent dressings, 50 packages folded gauze (5 yards), 25 bags of absorbent sponges, 25 bags of gauze sponges.

New Brunswick

The graduating exercises for the class of 1914 of the St. John General Public Hospital were held in Centenary Church Schoolroom, on Thursday evening, November 5th.

Sixteen nurses received their diplomas. Miss Parsons, Superintendent of Nurses of the Massachusetts General Hospital, addressed the graduates. Other addresses were also given, a fine musical programme carried out, and refreshments served.

The G.P.H. Nurses' Alumnae will entertain Miss Parsons at the "Brown Betty Tea Rooms" on Friday afternoon.

The Massachusetts G.H. graduates in the city, and the St. John G.P.H. graduating class have also been invited.

Miss Edith Hegan, graduate of the Presbyterian Hospital, New York, who was in Germany with a patient at the time war was declared, and was detained there almost three months, after a very trying experience has just returned to her home in St. John, much to the relief of her many friends.

The Sisters of Charity have just opened a beautiful new hospital in St. John. They have accommodation for sixty patients.

THE GRADUATE NURSES' ASSOCIATION OF NOVA SCOTIA.

The sixth annual meeting of this Association was held on October 9th, at the Nurses' Home of the Victoria General Hospital, Halifax. The meeting was well attended, and much interest taken in the various reports and discussions.

Most excellent papers on "Domestic Science" and "Physical Culture" were presented by Miss Dobson and Miss E. Taylor, the respective instructors in dietetics and massage to the pupil nurses of the hospital.

Miss Violet Watkins gave a very interesting account of her Victorian Order work done by the milk station nurses in the larger cities of the Dominion.

Comprehensive reports of the proceedings of the conventions of nurses held in Halifax were submitted by our delegate, Miss F. M. Fraser, R.N.

The Secretary's report was submitted, also the Treasurer's, showing an expenditure of $304, and bank balance of $86.84.

Grants ammounting to $140 had been made from the Sick Benefit Fund.

The admission of new members enrolled was reported, 31 by election, 2 by examination.

The Registrar reported 402 calls during the year, 69 to fill institutional positions. Votes were passed to increase contribution toward registry expenses from $15 to $25 per month. To meet this expenditure the annual subscriptions were increased from $1 to $2 per annum.

The election of officers was announced: Hon. Pres., Mrs. D. D. Forrest; President, Miss V. L. Kirke; Vice-Presidents, Miss Sheraton, New Glasgow; Miss Sampson, Dartmouth; Miss Kirkpatrick, Truro; Treasurer, Miss F. Fraser; Secretary, Miss E. Pemberton.

Miss M. Morrison, Truro, was appointed to act on the Social Service Committee of the National Association.

The President's address made special reference to a number of undertakings accomplished during the year, and a very grateful appreciation of the faithful services of Miss Kirke, who had at last been persuaded to relinquish her arduous duties of Secretary and accept the office of President. The Association had occasion to place on record, also, a recognition of Miss Kirke's valuable services, not only to Halifax, but to the Maritime Provinces while occupying the important position of President of the Society of Superintendents of Training Schools for Nurses, and while appreciating the assistance rendered by public bodies and private individuals toward the entertainment of guests at the annual meetings of the National Associations recently held in Halifax, it was felt that these results were primarily due to the general popularity of Miss Kirke and her gifts for detail in business organization.

Votes of thanks were accorded to the trustee of the benefit fund, Mr. H. McInnes, K.C.; to the Association members and representatives of the Medical Association acting on the local Board of Examiners.

When the summons came to Halifax for the Army Nursing Reserve Sisters—Misses Allan, Folette and McLeod—to proceed to Quebec to serve with the expeditionary contingent, a farewell to the nurses at an impromptu tea at Restholm was hastily arranged.

The guests included most of the staff of the Military Station Hospital. Major and Mrs. Ross, Dr. and Mrs. Proudfoot, and many others were received by Mrs. Forrest, Miss Pemberton and Miss Fraser. Patriotic songs were sung, the soloists including Mrs. Bowes, Mrs. Higginson and Miss Murphy. The accompanist was Mrs. Kister McClellan.

Miss McLatchey, of the Permanent Nursing Corps, has been transferred to Quebec, to relieve Miss Strong, who has been appointed to Kingston.

The nursing staff of the Halifax Station Hospital has been reinforced by the services of the Reserve Sisters, Mrs. Doyle, Misses M. Ellis and M. Lynch.

Miss M. MacDonald, who has for one year been in charge of Dr.

McLellan's private hospital, has resigned. She has the best wishes of the Association for her future.

Regular monthly meetings for members of the Guild of St. Barnabas, held in St. Stephen's Chapel of All Saints Cathedral, have been well attended. Addresses by the clergy of the Cathedral have been appreciated.

Mrs. McIntosh (Miss Clare Harris) continues to act as secretary. A message to the Guild, through the Chaplain, the Rev. Dean Lloyd, has been received from one of our members now with the Canadian army nurses serving at Salisbury, England.

Misses Armstrong and Smith, graduated by the Payzand Memorial Hospital, Windsor, have successfully passed the examinations of the Graduate Nurses' Association of Nova Scotia.

MARRIAGES.

At Guelph, Ontario, on October 25, 1914, Miss Edna Kilgour, Graduate of Toronto General Hospital, to Mr. Irwin Schroder, of Berlin, Ont. Mr. and Mrs. Schroder will reside in Guelph.

At West Toronto, on November 4, 1914, Miss Marie Alberta Macfadyen, Graduate of Hospital for Sick Children, Toronto, to Mr. Alfred Burke Thompson, of Penetanguishene, Ont.

Miss Eva Stretton, Graduate of Vancouver General Hospital, to Dr. G. W. Sinclair, Medical Superintendent of Winnipeg General Hospital.

BIRTHS.

At Berlin, Ont., on Wednesday, February 4th, 1914, to Mr. and Mrs. Edward C. Pieper, a daughter. Mrs. Pieper (nee Agnes Koelln) is a graduate of Berlin and Waterloo Hospital, class '11.

At St. Michael's Hospital, Toronto, on October 9th, to Mr. and Mrs. P. Chester Hoyt, Port Credit, a daughter. Mrs. Hoyt (nee Gordon Miller) is a Graduate of St. Michael's Hospital, Class '10.

On June 16, 1914, to Mr. and Mrs. W. A. Churchill, a son. Mrs. Churchill is a Graduate of Montreal General Hospital, Class '05.

DEATHS.

On October 21, 1914, at 2965 37th Avenue, Vancouver, B.C., Mrs. M. J. Gillespie. Previous to her marriage a year ago Mrs. Gillespie, who was a Graduate of Boston City Hospital, was visiting nurse for the Anti-Tuberculosis Auxiliary. Her efficient work won for her a high place in the profession as well as a wide circle of friends.

In Honolulu, Hawaiian Islands, in February, 1914, Mrs. Buffet (Miss Orr, class of '99, R.V.H., Montreal), wife of Dr. Claude Buffet.

CANADIAN RED CROSS SOCIETY

The Red Cross Society is organized to collect money and goods for the relief of the sick and wounded in war. Head Office and Receiving Warehouse, 77 King Street East, Toronto.

Needs of the Society

1. **Money**—This is the first and most urgent need of the Society. It can at any moment be converted into the most necessary supplies and can be easily sent to any place.

2. **Other Supplies**—As some persons, more especially the women of the country, can give work and not money; and as some goods are better made by hand than bought, the following suggestions are offered to individuals and working parties who are desirous of helping:

Women organized for sewing should not spend money on buying the supplies which have simply to be shipped away as bought, as these can be better bought at Headquarters, but they are recommended to spend money on materials to work up into such garments as shirts, pyjamas, dressing gowns, bed jackets, nightshirts; or socks, wristlets, mitts, cholera belts and scarves; or kit bags, all of which require careful making.

All the articles enumerated under A, B, C and D are needed unless notice to the contrary is sent out.

A—Garments—In making these garments, Butterick's patterns, as approved by the British Red Cross Society, should be used. Sets of five patterns will be issued to any women's society applying for them to the Superintendent of Supplies, 77 King St. East, Toronto, enclosing 10 cents for mailing. These patterns are presented to the Red Cross Society by the Butterick Publishing Co., and should only be used in Red Cross work.

This must not be understood to mean that no other patterns are useful, but these are suggested to standardize the work.

The following garments are required:

Bed Jackets (No. 129), flannel or eiderdown.
Pyjamas (No. 130), flannelette or lightweight flannel.
Nightshirts (No. 131), cotton or flannelette.
Nightshirts, surgical (No. 133), cotton or white flannelette.
Dressing Gown (No. 132), heavy flannel or eiderdown.
Day Shirts (No. 7003), lightweight flannel or flannelette (detachable collar, at least 16½-inch). This pattern requires a 2-inch box pleat in the back.

All collars should be at least 16½ inches, and should vary up to 18 inches. Mark all garments with size of collar and tie up each size in a separate parcel.

Bed Socks—Cut two pieces of eiderdown the shape of the foot of a sock or moccasin, but considerably larger, and with four inches of leg. Sew the two pieces together down the back, along the sole, and over the top of the foot, leaving an opening in the leg at the front. Hem or

face the top of the leg so as to form a casing, and in this run a tape, leaving the ends long enough to tie. When complete the socks should look like a pair of overshoes or large boots.

B—Knitted Goods—Knitted Cholera Belts—Cast on 100 to 150 stitches, No. 13 steel needles; knit 3 inches ribbed, knit on to No. 9 bone needles, and knit 8 inches plain; knit on to the steel needles again, and rib for 3 inches. Sew up the back. Cast on and take off loosely. Fingering yarn No. 5, in natural or pale grey; soft quality.

Cast on and cast off very loosely.

Many men prefer woven belts. These can be obtained in three sizes, wholesale, for less than 30 cents each. Flannel belts are also useful.

Socks—With heels, are best; in three sizes, 10-inch, 10½-inch, and 11-inch foot. For the British Army, these are made in heavy grey yarn of good quality (wheeling), and sizes are distinguished in the following way:

Socks with 10-inch foot have 6 rows of red wool in the ribbing about 1-inch from top of leg of sock.

Socks with 10½-inch, have similar stripe in bright blue wool.

Socks with 11-inch foot, have similar stripe in white wool.

With 4-ply yarn, use No. 14 steel needles, casting on about 64-72 stitches.

The toe should be very carefully finished so that there is no "ridge" in casting off. "Darning-in" the stitches when reduced to 20 is the most satisfactory method of finishing the toe.

Socks knit of poor quality wool are almost worthless.

Scarves—72 inches long, 9 inches wide, in grey or khaki. Loose stitch.

Sleeping or Balaclava Cap—(A very simple pattern)—No. 9 bone needles. 4-ply yarn in grey or khaki.

Begin with 48 stitches and knit two flaps of 48 stitches each, 2 inches deep of 2 and 2 rib, 96 stitches in all. Then join the flaps by knitting on to 4 needles.

Knit 10 inches of 2 and 2 rib.

Cast off 30 stitches and leave a space 1½ inches deep; then cast on 30 stitches again and knit as before six inches before shaping the top. To shape the top knit two stitches together every alternate stitch. Knit one row plain. Repeat these two rows until only about 30 stitches are left on the needles, then decrease every other stitch each row.

Wristlets—Grey or khaki. Four-ply fingering. No. 14 steel needles. (4.)

Cast on about 60 stitches; rib for 9 inches. Cast off loosely. A hole for the thumb may be left if desired, so that the wristlet can be used as a mitt.

Mitts—3 oz. of 4-ply yarn. Grey or khaki. 6 needles, No. 14.

Knit like ordinary man's glove, but cast off fingers and thumbs after knitting 2 inches, leaving tops open.

C—Hold-Alls or Kit-Bags—(To hang over soldier's cot in hospital.)

Coarse linen or canvas, about 16 inches x 24 inches, with rings at corners to hang by. Pockets containing comb, brush, tooth-brush and paste. Towels, wash cloth, soap. Pair of pyjamas and socks, and soft slippers. Also 12 sheets of paper, envelopes in rubber band, and pencil, etc.

D—Bedding—No pillows or pillow slips required.

Sheets—60 x 90. Ready laundered. Good quality not necessary.

Towels—Huckaback or Turkish.

Washcloths—Assorted.

Blankets—Grey or brown. 80 x 60.

E—Medical Supplies—Pneumonia Jackets—Of cotton wool and cheesecloth, should only be made under direction of nurse or doctor.

Bandages—Bandages 2 in., 2½ in., 3 in., and 4 in., to be made of good factory cotton or old sheets in good condition. Length, 5 yards, to be used as outside bandages. No other bandages should be made, as they will be bought with medical supplies.

Handkerchiefs (for the hospital)—Should be of unhemmed cheesecloth, 18 x 18, laundered. Tie up in dozens.

Men's handkerchiefs, of ordinary size, ready laundered, are also acceptable. Tie up in dozens.

Money is urgently needed to purchase rubber goods, invalid foods, drugs, and other hospital appliances.

Packing and Shipping Directions

1. Launder all cotton goods, also socks and belts, carefully, before sending them.

2. Tie up all articles in dozens or half-dozens, according to size and material.

3. Bed socks, socks, wristlets, mitts and gloves should be lightly sewn together in pairs, not pinned. Bandages should be fastened by safety pin.

4. Lists of contents should be placed inside and outside every parcel, and a copy also forwarded by mail to the destination of the package.

5. Almost all railways and express companies are carrying Red Cross packages free of charge, but charges should be paid at point of despatch and the receipt forwarded to Secretary, 77 King St. East, Toronto, who will make, in due time, a general application for refunds.

To avoid expense and trouble in handling packages, it is suggested that no single package should weigh more than 150 lbs.

7. As far as possible, only one kind of article should be packed in each package; e.g., a case of sheets, a case of socks, etc., etc.

8. Small parcels can always be sent in to the Head Office, or Provincial Receiving Centres, but no large shipment of goods should be made without consulting the Head Office as to the correct destination of the goods, as shipping instructions must vary with the season.

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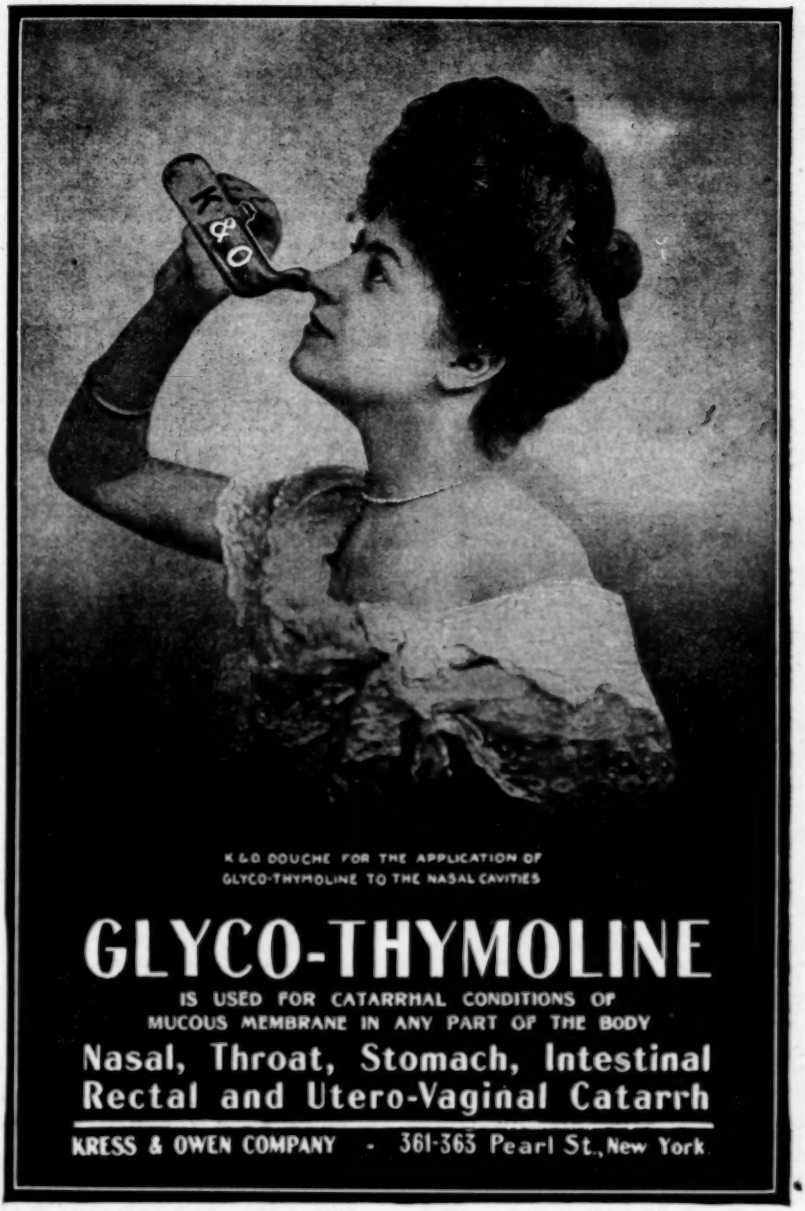
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MARRIAGES

Miss Ada Gibbons, Graduate of Vancouver General Hospital, to J. McPhee, B.A.Sc., of Vancouver.

Miss T. White, Graduate of Royal Victoria Hospital, Montreal, and late of staff of Vancouver General Hospital, to Dr. Webster.

At Mitchell, Ont., on June 17, 1914, Miss Mattie Coleman, Graduate of Hamilton City Hospital, to Mr. Edward Broughton, of Monkton, Ont.

At Craven, Sask., on July 22, 1914, Miss Nellie Scoville, Graduate of the Medicine Hat General Hospital, Class '13, to Mr. Robert Williamson, of Medicine Hat.

Miss Marion A. Mighton, of Painesville, Ohio, graduate of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, was married on Oct. 1, 1914, to Mr. B. A. Williams.

On October 12, 1914, at Ottawa, Miss Gertrude Cosgrove, graduate of Ottawa General Hospital, class '09, to Mr. James Cullen, of Almonte, Ontario.

On October 26, 1914, at Ottawa, Miss Helen Butler, graduate of Ottawa General Hospital, class '13, to Dr. Horace Leggo, Ottawa.

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